

Volume: VI Services Administration

Chapter: II Conditions for the Provision of Social Services

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North Carolina Division of Social Services

Family Services N

Volume VI: Services Administration

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Introduction

I. Introduction

North Carolina's program of social services consists of an array of core and supportive services that may be provided alone or in various combinations best suited to addressing the particular levels of need of adults, children, and families. The social services program is designed to address the following broad goals and priorities:

1. Promoting and strengthening family stability and integrity;
2. Enhancing the protection and care of children and dependent adults;
3. Achieving and maintaining appropriate levels of care, including attainment of personal self-sufficiency;
4. Supporting the achievement and maintenance of economic security and basic material well-being.

In addressing these goals, specific services are defined which focus on the needs of certain target populations. County departments of social services form a statewide network of agencies primarily responsible for the provision of services essential to meeting the needs of individuals in these target groups.

Social services may be provided under a number of specific Federal service programs and Federal and State funding sources. Some services are defined exclusively for provision under certain programs. Other services are uniformly defined and may be provided under more than one program or funding source. An outline of currently defined services and the program/funding source(s) under which each may be provided is set forth in Appendix A of this Chapter.

In as much as possible, policies governing conditions for the provision of social services are uniform, regardless of the program/funding source under which the service is provided. However, there are some specific conditions applicable to certain programs/funding sources which must be met in order that reimbursement may be received from these programs/funding sources.

The purpose of this Chapter is to set forth both general conditions for service provision and those specific conditions imposed by Federal regulations or State law on the provision of services under certain programs/funding sources.

The general and specific conditions relative to eligibility for social services under various programs/funding sources are compiled in this Chapter to assist the agency in exploring and determining all possible means through which services might be provided to a client. This includes, at the agency's discretion, the use of local funds where it is determined that an individual client does not meet any of the conditions set forth in this Chapter.

II. Recipient Service Records

A. Requirement to Establish and Maintain Service Records

A service record must be opened and maintained for each individual for whom an application for social services is made and for each recipient of protective services. Service records are individual case files which include basic data, eligibility information, and service information necessary for case management and for purpose of meeting eligibility documentation requirements set forth in policies governing the program of funding source under which the service(s) is provided.

B. Organization of Service Records

Case files on individuals may be maintained separately or may be grouped in a family record provided appropriate documentation of eligibility and service provision is maintained for each individual, and provided confidentiality requirements can be accommodated. For certain services (e.g., adoptions, protective services), confidentiality requirements are such that separate case files must be maintained.

C. Updating Recipient Service Records

1. Review of the Client's Situation

Except as outlined below, each service recipient's situation must be reviewed and assessed as often as necessary, but at least quarterly for purposes of assuring effective case management and planning. The assessment must include a contact with the client himself or others who are acting on the client's behalf in working with the agency to carry out the service plan.

A quarterly review and assessment is not required for clients whose only service is transportation, for clients whose only service is child day care to support employment, and for clients whose only service is child day care to support training.

2. Documentation

Based on review of the client's situation, the service record must be updated and documented as necessary to reflect changes in his circumstances and to keep all information in the record reasonably current.

Documentation means written, dated evidence in the service record which records information obtained and actions taken in relation to application, eligibility for, and the provision of social services, including any required verification of information in the record. Documentation is required in order to establish a record for fiscal accountability, to establish a record of what happens with the client in the service system, and for purposes relevant to documenting agency action for appeals, fair hearings, and other legal proceedings.

The quarterly review is considered an essential part of quality service delivery. It may include an assessment of the client's progress since the last review, need for continued service or additional services, and any significant changes in the client's situation. The quarterly review must be clearly labeled and dated in the record. Ongoing changes which must be documented in the service record include but are not limited to the addition of a service to a client's service plan, the termination of service, a re-determination of eligibility, changes in the client's circumstances that affect his need for or use of services, any action taken by the agency that affects the client's receipt of a service and closing of the clients case.

in addition to the general requirement for updating recipient service records, there are other program requirements for documenting records relevant to the provision of various discrete services.

D. Eligibility Documentation Forms

The Division of Social Services has developed and makes available standard forms which are designed to address the cumulative documentation requirements applicable to all of the service programs and funding sources outlined in the Chapter. The standard forms issued by the Division will assure compliance with Federal regulations and State law when the forms are used in accordance with eligibility and service policies and when completed in accordance with form instructions.

An outline of the Division's standard forms and the aspects of documentation addressed by each form are as follows:

1. SIS Client Entry Form - Form DSS-5027 is used to:
 - document the client's request/application for social services
 - document the client's income eligibility for services
 - provide notice to the client regarding the action taken on the request for services
 - document the service plan
 - provide the client with information regarding rights and responsibilities and information on how to request and obtain a fair hearing
 - transmit authorization to service providers to claim reimbursement for services provided
 - open a service client information record in the Services Information System
 - update service client information in the Services Information System
2. Child Protective Services Report - Report to Central Registry/C.P.S. Application (DSS-5104) - documents application and eligibility for Protective Services for Children.
3. Report to Adult Protective Services Register (DSS-5026) - documents application for services and files a report to the Adult Protective Services Register on all reports received and evaluated by the agency.
4. Individual Basic Data File: Narrative Documentation Record (DSS-1325)
 - documents, supplemental information and narrative entries.
5. Request for Confidentiality (DSS-5001) - documents the applicant/recipient/authorized representatives request that notice of action not be mailed and identifies the manner in which notice is to be given.
6. Consent for Release of Information (DSS-5002) - documents the client's written, dated consent to release information.
7. Purchase of Services: Vendor Agreement and Authorization for Family Planning Services (DSS-6846); State Abortion Fund Authorization (DSS 6847); Vendor Agreement and Authorization for Psychological Services (DSS-5009) - these forms document authorization for purchased services, as applicable.

Use of the Division's standard forms is required unless an agency opts to develop forms to use in lieu of the state forms. If so, the forms must meet all policy requirements regarding client's rights, eligibility documentation, confidentiality and access to client information. Forms developed by the county are subject to review and approval by the Division before they are implemented.

Throughout this manual, any specific reference to a state standardized form shall be read to include any county generated form used its place.

In addition to the required forms, an agency may develop and use any other form(s) for purposes of supplementing standard documentation in the service record.

The Division has approved the optional use of the following Adult Services Record keeping Tools for documentation for service information and quarterly reviews:

DSS-62 18 Adult Services Intake/Inquiry Information

DSS-6219 Face Sheet

DSS-6220 Adult Services Functional Assessment

DSS-6221 Adult and Family Service Plan

DSS-6222 Contact/Activity Log

DSS-6223 Interim or Quarterly Client Review

DSS-6224 Adult Services Annual Reassessment

DSS-6225 Case Closing/Transfer Summary

Use of these tools in conjunction with Family Services Manual chapters outlining policy requirements for specific services should, in most cases, omit the need for narrative recording or case dictation, including supplemental information and narrative entries recorded on the DSS-1325, Individual Basic Data File.

E. Narrative Recording

Narrative case recording includes any report, social work assessment, or study which is prepared by the service worker or received by the service worker. Such may include summaries of an individual's adjustment and use of care outside his own home, information prepared for the Court, summaries prepared for purposes of consultation, etc. Regardless of whether the narrative is in the form of a summary report or in the form of general care dictation, recording should include only that information which contributes to a valid basis for reliable conclusions about the client and his situation. Such information should be objective, without prejudice and pertinent to the delivery of services and achievement of goals. Care recording is to help the worker assess the direction of service and provides a basis for the worker's self-evaluation. Additionally, case recording incorporates the worker's reflective thinking and professional judgment about the client and the client's use of services and resources.

Narrative recording serves the following purposes:

- as supportive documentation of the client's need/lack of need for services
- to document the completion of the quarterly review
- to help services staff gives the best possible service to an individual client and to identify unmet needs and gaps in resources

- to meet the needs of supervision and support administrative planning
- to achieve a more effective practice

In general, the form and scope of narrative recording is determined by local agency policy. 'Where there are specific recording requirements respecting certain services, these are set forth in manual issuances governing provision of those services. For purposes of optional narrative recording, any locally developed form(s) or procedures may be used.

F. Retention of Records

All service records must be retained in the agency for a minimum of three years after the case is closed or in accordance with the retention schedule set forth in instructions issued by the North Carolina Division of Archives and History for the maintenance of county records. If any audit or other action involving the records has begun prior to the expiration of the three year period, the records must be retained until the completion of the audit or action and the resolution of all issues which arise from it.

Agencies may retain the record itself or may retain microfilmed contents of the record. Care must be taken to safeguard the confidentiality of the stored records in accordance with policies on confidentiality and to ensure the safe destruction of records which have been filmed or for which the retention period has expired.

III. Policies Governing State and County Residency

A. Definition of Legal Residence

1. State Residence

An individual must be a resident of North Carolina to be eligible to receive services. A resident of North Carolina for purposes of this policy is defined as (1) a person living in North Carolina voluntarily with the intent to make it his home and not for temporary purposes, or (2) a child living in North Carolina on other than a temporary basis. No requirements as to the duration of the residence may be imposed as a condition to the receipt of services.

Notwithstanding state residence as an eligibility criterion, county departments are required or allowed to provide services in a variety of situations to adults and children who do not meet this definition of resident, e.g., in protective services cases, under the terms of the Interstate Compacts, in response to court orders, etc. services are provided in accordance with State program policy, costs will be reimbursable regardless of a client's status as a state resident.

2. County Residence

Legal residence in a county determines which county is responsible for social services required by an individual to the extent of the availability of services and the individual's eligibility for services.

Under the provisions of North Carolina General Statutes (G.S. 153A-257), a person has legal residence in the county which he resides. No requirements as to the duration of residence may be imposed as a condition to the receipt of services. A legal residence continues until a new one is acquired. This means that if an individual moves from one county to another, his legal residence in the first county terminates and he becomes a legal resident of the county to which he has moved at the time of the move. However, an individual does not acquire residence in another county when he has moved there from a county where he had attained legal residence for purposes of entering a hospital, mental institution, nursing home, confinement facility, or other similar institution or facility.

G.S. 133A-257(a) (3) further states that "a minor has the legal residence of the parent or other relative with whom he resides. If the minor does not reside with a parent or relative and is not in a foster home, hospital, mental institution, nursing home, boarding home, educational institution, confinement facility, or similar institution or facility, he has the legal residence of the person with whom he resides. Any other minor has the legal residence of his mother, or if her residence is not known then the legal residence of his father. If his mother's or father's residence is not known, the minor is a legal resident of the county in which he is found."

B. Responsibilities of the County of Legal Residence

The county of legal residence is responsible for the provision of services in accordance with policy governing the provision of services. In the case of an individual who is domiciled in another county under circumstances which do not establish legal residency in that county, the county where legal residence was last gained retains responsibility

for case management and the provision of services unless there is an agreement whereby the counts- where the individual resides will assume responsibility where a county department has custody or guardianship of a child, or guardianship of an adult, that county retains responsibility for service provision and case management. Legal residence in a county is not a condition of eligibility and need not be established prior to the provision of services. An individual may make application for services at any county department of social services and, if he is otherwise eligible, the county may provide the services requested if they are available, or if it is determined that the individual is a legal resident of a county other than the county where he made application, the county where the application was made may, with the client's permission, initiate discussion with the county of legal residence to determine which county will assume case management responsibilities; or the county where application was made may assume case management responsibilities without contacting the other county. If it is known that the individual has an active service case in another county, the other county may be contacted and case management responsibility assumed by one county, or one county may close the case, whichever is appropriate. The decision to contact the other county will be made in consideration of confidentiality factors, policy governing the particular service(s) requested, and what will best serve the interest and wishes of the client.

If there is any disagreement, the county of legal residence must assume case management responsibilities. The county that assumes case management responsibilities is responsible for the cost of providing the services it authorizes for the individual. In any case, an individual may not be denied services solely on the basis of legal residency in a county.

IV. Policies Governing Application for Social Services

A. Application Requirement

All applicants for social services, without regard to the program or funding source under which services are to be provided must initiate entry into the social services system via a written application, except that no application is required in order to initiate and provide the following:

1. Protective Services for Adults;
2. Protective Services for Children;
3. Employment Program Services; or
4. Community Alternatives Program - Disabled Adults

Under all other circumstances, an application must be made in writing in order to open or reopen a case or to request additional services.

Although an application is not required for protective services, certain documentation requirements must be met. These requirements are outlined in Part F of this Section.

B. Opportunity to Apply

Each individual wishing to do so has the right to apply for social services and has a right to have his application acted upon promptly.

C. Who may apply?

Application for social services may be made by any of the following individuals:

1. By an individual in his own behalf or in behalf of others in his family, except that each adult who is not incompetent or incapacitated must make his/her own application;
2. By someone acting responsibly for the applicant if the applicant is incompetent or incapacitated; or
3. By agency staff in behalf of an individual in the event of an emergency, or when there is some urgency to provide service(s), or if arranging for the individual to make application would create a barrier to the receipt of service(s).

A single application form may be used when one person (e.g., a parent, guardian, and agency staff) applies for services on behalf of several family members (except that each adult who is not incompetent or incapacitated must make his/her own application). Note that "family" is defined differently for certain funding sources; therefore, a single application may be used for family members applying for services funded under SSBG or under the Refugee Assistance Program provided they meet the definition of "family" as defined for purposes of determining income eligible status under those programs.

D. Methods of Making Application

Application for social services may be made by either of the following methods:

1. In person, at the agency's office, on the form designated by the agency; or

2. Through a written request which identifies the service(s) and is signed by the applicant/recipient or his authorized representative and mailed to the agency. (This is the procedure that would need to be followed when another agency assists an individual in making application since Form DSS-5010 cannot be used by other agencies for this purpose.)

Where application is made by mail, the county department of social services must ensure appropriate documentation of the request by transferring information to Form DSS-5010 and maintaining the applicant's written request in the service record. In addition, steps must be taken to ensure that other application requirements are met and documented; e.g., documentation that the individual is informed of his rights and responsibilities. Providing information about rights and responsibilities may be accomplished through a follow-up contact with the applicant or his authorized representative or, where another agency (e.g., an institution) frequently assists or acts in behalf of applicants, an agreement may be reached for that agency to provide the applicant with information regarding client rights and responsibilities. Where this procedure is used, the county department of social services is responsible for providing the other agency with a standard form which addresses each of the rights and responsibilities set forth in Part E.2 of this Section. The information on the form is to be reviewed with the applicant and a copy given to him. For purposes of application documentation requirements, the written request for services must include a statement which assures that the individual has been made aware of and helped to understand his rights and responsibilities.

The date on which a mailed request is stamped in as received by the county department of social services is considered the date of application.

E. Application Form Requirements

The application form must accommodate certain documentation requirements. Where the DSS-5010 is used as the application, these requirements will be met. If the local agency elects to develop and use another form(s), that form must meet the following requirements:

1. The application for social services must accommodate entries for identifying the specific service(s) requested and the individual(s) for whom each service is requested. The application must accommodate both initial requests for services and additional requests.
2. The application for social services must accommodate entries for obtaining the signature of the applicant/recipient or his authorized representative, the date of the signature, and, for situations where the person making application executes his signature by mark CX), an entry for the signature of a witness. In addition, the form must ensure that the signature is obtained in a manner which documents that the application is voluntary and that the individual has been made aware of and helped to understand the following rights and responsibilities associated with applications for social services:
 - a. The individual must be informed in writing of his right to request and obtain a fair hearing if his application is not acted upon with reasonable promptness or if he disagrees with the agency's action in response to his application for services.

- b. The individual must be informed of his right to confidentiality and that information given to the agency will be held in strict confidence and will not be released without written consent except for information necessary to establish eligibility and information that may be revealed in the course of agency audits and monitoring.
- c. The individual must be informed of his responsibilities to provide accurate and complete information necessary to determine eligibility and, if requested, to make available documentation of such information; to notify the agency within five days of any change in address, employment, income, living arrangement, or family size; and that failure to provide accurate and complete information may subject him to prosecution.
- d. If information needed to establish eligibility must be obtained from the Social Security Administration, the individual's written consent for the release of specific information by that agency must be obtained and documented.

F. Documentation Requirements

1. Where application for services is required, the application must be completed to document the following:
 - a. The specific service(s) requested and the individual(s) for whom each service is requested must be documented.
 - b. The dated signature of the applicant/recipient or his authorized representative must be obtained, except that the signature requirement maybe waived in circumstances where obtaining the signature of the applicant/recipient or his authorized representative would create a barrier to the receipt of the service. If the signature is not obtained, the worker must document the request in accordance with policy (i.e., the service(s) requested, the date of the request, and the circumstances which prevented the worker from obtaining the signature) and must document that other application requirements are met (e.g., that the applicant is informed of his rights and responsibilities). However, in the case of applications for Health Support Services - Family Planning Component, the signature is always required and may not be waived under any circumstances.

In situations where the person making application executes his signature by mark (X), the signature must be witnessed.
2. Applications for social services must be maintained as part of the individual's service record for purposes of documentation in establishing the record for fiscal accountability and for purposes relevant to the prompt provision of services, and appeals and fair hearings.

For purposes of Protective Services for Children, the county's copy of the Child Abuse and Neglect Report (DSS-5104) is used as application for that service. The date the agency receives information about suspected abuse or neglect is viewed as the date of application. The county's copy of the Child Abuse and Neglect Report must be maintained in accordance to Volume I, Chapter VIII, of the Family Services Manual.

Although no application is required for Protective Services for Adults, documentation must be made on the DSS-5010 which identifies the provision of the service and which documents the date the service was initiated. For purposes of documenting the initiation of protective services, the date the agency receives the referral or report of abuse and neglect is viewed as the date of application. (Refer to Volume V, Chapter XV1, of the Family Services Manual for

V. Policies Governing Eligibility Determination and Re-determination

A. Prompt Decision

Each individual who applies for social services is entitled to have his application acted upon promptly. Beginning with the date of the signature on the DSS-5010, the agency has thirty (30) calendar days to reach a decision that the individual is eligible or ineligible for the service(s) requested. (If an application for social services is submitted by mail, the agency must reach its decision within thirty (30) calendar days of the date the application is received.)

The individual is responsible for providing information on the application which will enable the agency to reach an eligibility decision. Failure on the part of the individual making application to provide such information or to cooperate with the agency in determining eligibility are acceptable grounds for delay in meeting the time frames for processing an application and reaching an eligibility decision or for denial of services.

B. Definition of Eligibility Determination

An eligibility determination means a decision pursuant to an application for social services which is based on an assessment of certified and, if required, verified information necessary to determine whether an individual meets the conditions of eligibility for the services(s) requested. Conditions of eligibility include need for the service and, for some services, income.

Eligibility Criteria

The criteria and conditions of eligibility vary depending on the program or funding source under which the service is provided. Eligibility criteria applicable to each program/funding source for which the agency determines eligibility are set forth in Sections 6100 and 6105 of this Chapter.

Some services have Resource Items which require the client to meet additional eligibility criteria. Specific service information is contained in Appendix A.

C. Basis for Establishing Eligibility for Services

Eligibility for services is established on the basis of a signed, dated application (where required) and the agency's determination, based on documented information, that the individual meets the conditions of eligibility and that the service is available in the geographic area in which the individual lives.

D. Basis for Denial or Termination of Services

Reasons for denial of an application for services and reasons for the termination of services include the following:

1. The individual has failed to cooperate with the agency in determining (or re-determining) eligibility;
2. The individual cannot be located to allow for determination (or re-determination) of eligibility or for the quarterly review;
3. The individual has been determined to be not eligible for the service(s) requested on the basis that he does not meet (or because of changing circumstances, no longer meets) the conditions of eligibility for the program(s)/funding source(s) under which the service is provided;
4. The service is not available in the geographic area in which the individual lives;

5. There is reasonable certainty that the service will not be available in sufficient time to ensure its prompt provision, i.e. in accordance with the requirements set forth in Section 5085 of this Chapter;
6. The agency has exhausted its funds for the provision of the service for that program year;
7. The individual has notified the agency that he no longer wants or needs the service;
8. The agency has determined that the individual is no longer able to avail himself of the service because he has moved to another geographic area or has been admitted to an Institution;
9. The individual has refused to pay required fees;
10. The individual has failed to utilize the service or to cooperate in service delivery;
11. The individual fails to meet any other conditions Set forth in policies governing delivery of the service.

E. Documentation of the Eligibility Decision

1. Information pertinent to meeting the conditions of eligibility must be documented in the individual's service record on the DSS-5010 or on the DSS-1325 in accordance with documentation requirements.
2. The eligibility decision, date of the decision, and signature of the service worker/case manager making the decision must be documented on the DSS-5010.

In addition, if the decision establishes that an individual is eligible for the service(s), the following information must be documented:

- a. the individual's eligibility status in relation to the program/funding source under which the service is to be provided (e.g., Section VI, item A of the DSS-5010);
- b. the recipient category to which the individual is assigned;
- c. the period of time covered by the eligibility decision (only the beginning date of eligibility is required when services are available without regard to income).

F. Re-determination of Eligibility

In order for an individual to continue to receive services, re-determination of eligibility must be made on a routine basis of at least every twelve (12) months for services available with regard to income or when required on the basis of new information provided to the agency about actual changes in the client's circumstances that affect his eligibility.

The requirements and procedures for a re-determination of eligibility for services provided with regard to income is the same as those for a determination of eligibility. This means that information regarding the client's continued need for the service as well as the family's gross income must be explored and re-documented at the time of re-determination if the individual is to continue to receive the service. In addition, any service specific eligibility criteria must be re-documented as required by policies set forth in the chapter of the Family Services Manual governing delivery of that service.

1. Routine Re-determinations

Re-determinations of eligibility must be made at least every twelve (12) months except for services provided without regard to income. Updated information must be obtained and assessed and the eligibility decision reached prior to the termination of the established period of eligibility. The re-determination process should be initiated well in advance in order to prevent unnecessary interruption of service to the client or of reimbursement to the agency. However, the re-determination process should not be initiated so far in advance of the period for which eligibility is being established that it would be a hardship for the client to anticipate circumstances and to certify to the correctness of the information on which eligibility is based.

2. Re-determinations Made on the Basis of New Information

Re-determination of eligibility is required when the agency obtains information about changes in the client's circumstances, assesses the impact of the information, and recognizes that it will make the client ineligible for the service(s) he is or will be receiving. The re-determination must be made promptly, not to exceed thirty (30) days after information is obtained about changes which have occurred.

Information concerning any change in the client's circumstances which has occurred or is anticipated to occur must be documented in the service record, for purposes of updating the record. The change which is reported to the agency must be assessed by the worker to determine if it will make the client ineligible. If the change will make him ineligible, eligibility must be predetermined and documented in the service record. If the change will not make the client ineligible, the circumstances must still be documented by the worker's statement. If the only effect of the change in circumstances is to change the category of eligibility, the DSS-3010 and all other documents that contain the recipient category must be updated to reflect the new category without a re-determination.

VI. Recipient Category

A. Purpose

As part of the eligibility determination process, a specific recipient category must be established for each recipient of services. The recipient category is used for statistical and fiscal reporting purposes and in authorizing the provision of purchased services.

B. Assignment of Recipient Category

The recipient category is assigned in accordance with the defined category which most appropriately represents the individual's status. An individual may be assigned only one recipient category at any one time. Defined recipient categories and corresponding codes are set forth in Appendix E of this Chapter.

In situations where eligibility is established without regard to income (i.e., the only services in the recipient's service plan are services that are available without regard to income) for individuals who are known to the agency as current recipients of AFDC or SSI, the appropriate category referring to recipients should be assigned. Assignment of this specific recipient category is necessary for statistical purposes in order to obtain data requested by the Social Services Commission. (In these situations, income maintenance status is not required to be documented or verified since the basis on which eligibility is established is the individual's need for the service.)

In situations where eligibility is established on the basis of the parent/responsible adult's circumstances for the provision of Child Day Care Services, the recipient category assigned to the child is the category which represents the parent's/responsible adult's eligibility status except that where the child is determined eligible for the receipt of other services on the basis of his own circumstances, he is assigned the category representative of his own eligibility status.

C. Documentation of Recipient Category

The recipient category must be documented on the DSS-5010 in addition; the recipient category documented on the DSS-5010 is consistently entered on other forms that require recipient category information, such as the client's service plan, fiscal reports, and authorization for the purchase of services.

D. Changes in Recipient Category

As an individual's circumstances change, the recipient category must be changed accordingly. The recipient category should be kept current in the service record. The category may be changed without a re-determination of eligibility as long as the individual remains eligible and the circumstances do not require a re-determination. Any change in recipient category must be reflected on all documents on which the category code appears.

VII. Notice to the Applicant/Recipient/Authorized Representative

A. Notification Requirement

The applicant/recipient or his authorized representative must be notified in writing of any action the agency takes which affects the individual's receipt of service(s) except that:

1. Notice is not required for individuals receiving only Protective Services for Adults or Protective Services for Children; (however, notice is required for action affecting other services provided in conjunction with protective services);
2. Notice is not required when the agency worker has applied in behalf of an individual for whom the agency has custody or guardianship;
3. Notice is not required when the agency worker has applied in behalf of an individual who is incompetent or incapacitated;
4. Notice is not required when the agency is terminating services because it has factual information confirming the death of the client;
5. Notice is not required when the service(s) is being terminated at the end of an established period of eligibility and the individual has not requested that the service(s) be continued.

B. Documentation of Notice

Where notification is required, the notice must be in writing and must accommodate documentation of the requirements outlined below. The DSS-5010 may be used as the notice or another form may be used provided it meets the requirements outlined below. For purposes of notice of action taken on requests for medical transportation to authorized Medicaid recipients, the DSS-5010 may be used or another form, as specified in Volume VII, Chapter VII, of the Family Services Manual, may be used.

1. The notice of action must identify the specific service(s) requested/provided and the individual(s) for whom each service is requested/provided;
2. The notice must specify the action being taken, i.e., approval, denial, modification, or termination of services; and
 - a. If the action being taken is approval of the request for service(s), the notice must specify the period of eligibility and the amount and frequency of imposed fees, as applicable;
 - b. If the action being taken is denial, modification, or termination of service(s), the notice must include an explanation in accordance with state statutory provisions, of the action being taken;
3. The notice must include information in accordance with state statutory provisions, about the client's right to a fair hearing and how to obtain a fair hearing
4. The notice must be signed by the service worker/case manager;
5. The date the notice is mailed or given to the client must be identified on the notice.

A copy of the notice sent to the individual must be maintained in the service record.

C. Requirements for Timely Notification

Notice must be made in accordance with the time frames for the type of action as outlined below, except that notification pursuant to requests for medical transportation to authorized Medicaid recipients shall be made as soon as possible but no later than ten (10) work days from the date of the request, as set forth in Volume VII, Chapter VII, of the Family Services Manual.

1. Notice of Action Taken on Determinations and Re-determinations of Eligibility

The agency must notify applicants/recipients about their eligibility within fifteen (15) calendar days after the eligibility decision is made or within thirty (30) calendar days after the date of application, whichever comes first.

The date of application for initial determinations and re-determinations is the date the DSS-5010 is signed by the person making application.

Failure on the part of the individual to provide information for the eligibility decision or to cooperate with the agency are acceptable grounds for delays in processing an application and making the eligibility determination/re-determination and therefore are acceptable grounds for delays in notification if the agency continues the determination process beyond thirty (30) days after the date of application. The failure to provide information or to cooperate must be documented in the service record and the notice sent as soon as the agency makes the eligibility decision.

2. Notice of Action Taken for Service(s) Requested During an Established Period of Eligibility.

When a recipient requests an additional service(s) during an established period of eligibility, notice about his eligibility for the service(s) must be sent within fifteen (15) calendar days after the date of the request for the service or if application is made by mail, the date the request is received by the agency.

3. Notice of Modification of Service

A notice that service is being modified must be sent to the recipient or his authorized representative when any change is to be made in the service(s) he is receiving. The notice must be sent at least ten (10) work days prior to the effective date of the modification in the service(s); however, the date the notice is sent may be the effective date of the modification or a later date (as indicated by the client's changing circumstances) when:

- a. the modification is to the client's benefit (e.g., a fee is being reduced);
- b. the agency receives a clear written statement signed by the recipient or his authorized representative requesting a modification in service. In these situations, the client's statement must be maintained in the service record.

4. Notice of Termination of Service(s)

A notice that a service(s) is being terminated must be sent to the recipient or his authorized representative at least ten (10) working days prior to the effective date on which the service(s) is to be terminated; however, in the following circumstances, the ten (10) work day time frame may be waived and notice sent no later than the effective date of the termination:

- a. when the agency receives a clear written statement, signed by the recipient or his authorized representative requesting that the service(s) be terminated because the service(s) is no longer wanted or needed;
- b. when the client has been admitted to an institution and is no longer able to avail himself to the service(s);
- c. when the client has moved to another county.

D. Request for Confidentiality

If it is the agency's practice to mail notices to the client, the client should be informed of this practice at the time of application. Because of the nature of some services, the client may wish to protect his right of confidentiality to the extent that he may not wish to receive a written notice in the mail. In this case, he may sign a Request for Confidentiality (DSS-500I) and designate on the form the manner in which the agency's decision is to be conveyed. A copy of the DSS-500I must be given to the individual at the time it is completed and signed. When the eligibility decision is made, the worker must complete the notice and retain it in the service record so that it will be available to the client. After the client has been informed, the worker must document the date and the manner in which the agency's decision was conveyed to the client.

VIII. Requirement for Prompt Provision of Services

If it is established that an individual is eligible pursuant to an initial application for service(s), the service(s) requested at the time of application must be provided within fifteen (15) calendar days after the date notice of eligibility is sent.

If an individual applies for an additional service(s) during an established period of eligibility and it is determined that he is eligible for the additional service, the service must be provided within thirty (30) calendar days of the date of application, or if the application was submitted by mail, within thirty (30) calendar days of the date the application is received by the agency.

In situations where a requested service cannot be provided within the applicable time frame outlined above, the application for the service must be denied, unless, for services governed by the policies in Section 8100, the county has adopted a local waiting list policy that provides otherwise. %here services are denied, the notice to the client must state that his request for the service is denied because the service is not available and cannot be provided promptly.

For purposes of this policy, provision of the service means the delivery of the service directly by agency staff or delivery of the service by another provider who is authorized by the agency to provide the service.

IX. Policies and Procedures Governing Appeals and Fair Hearings

A. Requirement to Provide Information to the Client

Each applicant/recipient must be informed in writing of his right to request and obtain a fair hearing at the time application for services is made and each time notice of action is sent to the applicant/recipient. The DSS-5010 contains information which advises the applicant/recipient of his right to a fair hearing, including procedures on how to obtain a fair hearing and documents that the information was provided to the applicant/recipient. (If another form is used by the agency, the agency is responsible for documenting that the same information contained on the DSS-5010 is provided to each applicant/recipient at the time of application and with each notice of action.)

B. Time Frames and Documentation of Requests

The applicant/recipient may give notice of appeal verbally or in writing. The request must be documented in the record and referenced on the DSS 5010. The request for appeal must be made within sixty (60) calendar days from the effective date of the action. In the case of approval or denial, the effective date is the date the notice is sent to the client; in the case of a termination or modification, it is the date on which the services will be terminated or modified as specified on the notice of action. For purposes of counting elapsed days to establish the period during which an appeal can be made, day one is the first day after the effective date of the action. Failure to notify the agency before the end of the 60th day constitutes a waiver of the right to a hearing, although the applicant has the right to reapply for the service(s).

C. Right to Continued Service Provision Pending a Fair Hearing

If a recipient appeals a termination or modification of a service(s) for any reason other than the lack of public funds to pay for the service(s), he has the right to continue to receive the service(s) at the present level pending the local hearing decision, provided that the appeal is made prior to the effective date of the termination or modification (i.e., at least ten (10) work days after the notice is sent). However, if the hearing results in the agency's decision being upheld, the individual may be required to repay the cost of the service received during this period. The individual may waive his right to continue to receive the service during the period prior to the hearing. An individual's decision to waive this right must be documented.

D. Client Access to Records

The applicant/recipient has the right to review material which will be used at the hearing, including the right to have access to information in his case file. Provisions for the client's access to his service record shall be made in accordance with policies governing confidentiality and access to client records which address the client's right to access, the agency's responsibility to respond promptly to requests for access., conditions for withholding certain information, procedures for the review of information by the client, and provisions for review of the record by the client's personal representative.

E. Procedures for Fair Hearings

For purposes of services appeals and fair hearings, the policies and procedures set forth in AFDC of the AFDC Manual must be followed.

X. Services Fraud: Guidelines for Seeking Recovery of Service Costs

In situations where there is evidence which leads an agency to believe that an individual has been fraudulent in providing information used to establish eligibility for the receipt of services, the agency may take steps to seek recovery for the cost of the services provided to the individual. According to guidance received from the Attorney General, the elements of civil fraud, for purposes of the services program, are:

- A. The material misrepresentation or concealment of a past or existing fact;
- B. When representation is:
 - 1. Definite and specific;
 - 2. Made with knowledge that it is false; or
 - 3. Made recklessly, without knowledge of its truth, and as a positive assertion; or
- C. Which concealment is done with knowledge that there is an affirmative duty to reveal; and
- D. With intent that the misrepresentation or concealment shall be acted upon; and,
- E. Which misrepresentation or concealment is reasonably acted upon to his (its) detriment by the person (agency) sought to be defrauded.

Consultation among the agency director, agency attorney, and district attorney may be helpful in establishing a clear understanding of what constitutes fraud in the services program, and how to evaluate evidence, make recommendations, and ensure that proceedings are handled in an equitable manner.

In situations where there is evidence of fraud, the agency director and the county board of social services should examine the situation and, based on evaluation of the evidence, determine the manner in which to proceed.

¹The elements of criminal fraud are the same except the criminal offense extends to attempts to defraud and includes misrepresentations of future fulfillments or events.

Recommendations for action should be made in consultation with the agency attorney, particularly in determining the most appropriate means by which recovery is to be sought. Care should be taken to ensure that decisions are made on an equitable basis. Discretion should be exercised in making a decision to seek prosecution under criminal statutes as the means to recover. Methods of seeking recovery are as follows:

- A. The agency may seek voluntary repayment from the client; or
- B. The agency may seek recovery through court action, under civil proceedings or criminal proceedings, or both.
 - 1. In civil proceedings, the agency brings a complaint against the client for recovery. As a general guide, cases involving amounts of less than \$5,000 are heard in District Court; cases involving amounts of more than \$5,000 are heard in Superior Court. Claims of \$1,000 or under must be brought as a small claim before a magistrate.

2. In criminal proceedings, the agency seeks prosecution under a criminal statute (G.S. 14-100) by the State. The district attorney handles the prosecution and may subpoena agency personnel as witnesses. Criminal court action involves punishment rather than restitution; however, if the client is found or pleads guilty, probation is frequently granted on the condition that the individual make repayment to the agency. Recommendations of this nature can result from discussions between the agency attorney and the district attorney.
3. Both civil and criminal proceedings can be initiated; however, the agency can collect repayment only once as a result of both civil and criminal court action.

XI. Conditions of Eligibility: SSBG

A. Introduction

Currently, there are twenty-three services funded by the Social Services Block Grant. All services are provided on the basis of the person's need for the particular service being requested. However, four services require consideration of income as a factor of eligibility as well as the person's need for the particular service being requested. They are: Child Day Care Services, Chore Services for the Blind, Health Support Services (only the sterilization and abortion resource items funded under SSBG), and Transportation Services. Lists of all the services and the eligibility criteria are shown in 1 and 2 below.

1. Services Available Without Regard to Income

a. An individual is eligible for the services listed below if it is determined that:

- (1) S/he is in need of the service and is in the service specific target population, and
- (2) The service is available in the geographic area in which s/he lives. No fees are charged for these services.

-Adjustment Services for the Blind and Visually Impaired

-Adoption Services

-Delinquency Prevention Services

-Employment and Training Support Services

-Foster Care Services for Adults

-Foster Care Services for Children

-Health Support Services (excluding sterilization and abortion resource items under SSBG)

-Individual and Family Adjustment Services

-Problem Pregnancy Services (including Residential Care)

-Protective Services for Adults

-Protective Services for Children

-Residential Treatment for the Emotionally Disturbed

-Community Living Services (including Transportation)

b. An individual is eligible for the services listed below if it is determined that:

- (1) S/he is in need of the service and is included in the service-specific target population, and
- (2) The service is available in the geographic area in which s/he lives.

Fees are charged for the services listed below when they are provided to individuals whose gross monthly income is at or above 100% of the State's Established Income.

- Adult Day Care (including Transportation)
- Chore Services
- Homemaker Services
- Housing and Home Improvement Services
- Preparation and Delivery of Meals
- Personal and Family Counseling
- Fees are adjusted according to the number of persons contained in the income unit.

2. Services Available With Regard to Income

- a. An individual is eligible for the services listed below if:
 - (1) he/she needs the service and is included in the service specific target population, and
 - (2.) The service is available in the geographic area in which he/she lives, and,
 - (3.) The amount of the monthly gross income available to the individual's income unit is within the income levels identified below:
 - (a) Less than 100% of the State's Established Income:
 - Child Day Care Services* (including Transportation)
 - Chore Services for the Blind**

*When providing child day care services, refer to the Child Day Care Manual for fee schedules and policies.

**Policies of the Division of Services to the Blind are followed by the DSB Worker.

- (b.) Less than 80% of the State's Established Income:
 - Sterilizations and abortions funded under SSBG as resource items of Health Support Services
 - (c.) Less than 60% of the State's Established Income:
 - Transportation Services
 - b. Determining Income Eligibility

To determine whether the individual falls within the income levels established for the four services listed above, it is necessary to identify the individual's income unit and the amount of the monthly gross income available to the unit.

The income unit is the number of individuals who reside in the same household who are financially obligated to one another. The following are defined as separate income units for the purpose of determining income eligibility (and fees):

- (1) Each adult, whether related or unrelated, other than spouses
- (2) Biological parents and their minor children
- (3) Adoptive parents and their minor children
- (4) A minor parent (under 18 years of age) and his or her children
- (5) Children living with adults other than their biological or adoptive parents;
- (6) Minors who are emancipated through a court proceeding, marriage, or participation in the armed services.

Sources of income which must be considered and sources which are not to be considered in computing monthly gross income available to the unit are set forth in Appendix C of this Chapter.

3. Services Provided in Conjunction with Protective Services

All SSBG services provided in conjunction with Protective Services for Adults or Children are provided without regard to income and without a fee during the first 12 months that protective services are provided (12 months from the most recent protective services report). After the 12 month period has ended, if protective services are still being provided, any income criteria or fee requirements applicable to specific services being provided must be applied. Refer to the Family Services Manual chapters on Protective Services for Adults or Children for specific policies and procedures to be followed.

B. Documentation of Eligibility Determination

In order to make an eligibility determination, the agency must obtain and document information necessary to reach an eligibility decision. The following eligibility information must be documented on the DSS-5010 for each determination and re-determination:

1. Information pertinent to the client's need for the service;
2. Information pertinent to income, when required, based on the service requested;
3. Information pertinent to meeting service specific eligibility criteria, as applicable;
4. The dated signature of the applicant/recipient/authorized representative certifying the accuracy and completeness of information supplied for the determination;
5. The eligibility decision and date of the decision; and
6. If eligible, the recipient category, the beginning date of eligibility and the ending date) as applicable.

Information necessary for determining eligibility status must be obtained, and documented in accordance with the method of eligibility determination (i.e., verification or declaration) used by the agency.

Eligibility information must be kept current. Updated information must be documented in accordance with policies governing treatment of information received about changes in an individual's circumstances and policies governing re-determination of eligibility.

C. Eligibility Determination Process: Obtaining and Documenting the Client's Statement

The agency must review with the individual his circumstances with respect to his/her need for the service and how s/he relates to the target population and whether s/he meets the criteria for Without Regard to Income or With Regard to Income status. It is the responsibility of the individual making application to provide information and cooperate with the agency in determining eligibility. Individuals should be encouraged and helped to participate fully in establishing eligibility. Information provided by the individual represents his statement of the facts surrounding his/her circumstances. The individual's statement as to information reviewed with him/her must be documented on the DSS-5010.

In the process of obtaining eligibility information, the individual must be advised of the extent to which his/her statement is subject to verification, depending on the method of eligibility determination used by the agency. Notification to this effect is contained in the Applicant's Statement on the DSS-5010.

1. When documenting an individual's request for a service provided Without Regard to Income, the service worker must review with the individual his/her need for the service and whether s/he falls within the target population. Brief statements by the worker describing circumstances or referring to documents located elsewhere in the service record that established need for the service are adequate means of documentation.
2. When documenting an individual's request for a service provided With Regard to Income, the service worker must review with the individual whether s/he is a current recipient of AFDC or SSI or, for a child, identify whether a Title IV-E foster care maintenance payment or adoption assistance payment is being made on behalf of that child.

Assistance should be provided as needed to help the individual distinguish the type of income s/he receives (i.e., AFDC or SSI as opposed to some other source of funds such as Social Security, V.A. benefits, etc.). In those instances where an individual is applying for services on behalf of another person, s/he must clearly understand what constitutes receipt of AFDC or SSI as opposed to other types of benefits

Or

the service worker must review with the individual, information concerning the size and composition of his/her income unit and information concerning each source and amount of monthly gross income available to his/her income unit.

The individual's statement of about income unit, as determined in accordance with the definition of in unit, is acceptable unless there is some reason to suspect that his/her statement is not correct. If needed, the income unit can be verified by birth certificates, baptismal certificates, or contacts with schools or other objective sources of verification. The income unit must be determined for the same period of time over which monthly gross income is computed. Each source of income identified in Appendix C of this Chapter must be reviewed with the individual. It is important that care be taken to help the individual understand the various sources of income and what they mean and that any amount of income derived from these sources must be stated in terms of monthly gross income.

Since eligibility is prospective, the computation of monthly gross income must be made on the basis of an assessment of anticipated income during the twelve month period after the date of application. This is done by looking at the income of the individual's income unit for the recent past (an average during the three months prior to application) and adjusting this amount for expected changes; or, where income fluctuates significantly, looking at a period of time of up to six months. These six months may include three months prior to application and three months of anticipated future income, or it may be six months entirely in the past or entirely in the future. Income should be averaged in the way most advantageous to the client when income varies significantly from month to month. The adjustment for expected changes must always be made, even if this means adjusting to zero income. The computation of averaged monthly income must be documented.

For purposes of converting weekly income to monthly income, 4 1/3 weeks are considered to be the equivalent of one month.

3. In order for any service to be provided in conjunction with protective services, the following conditions must be documented:
 - a. that protective services have been initiated;
 - b. that other services are needed to support the provision of protective services; and
 - c. that services are provided no longer than 12 months from the-date of the most recent protective services report.

Eligibility for Protective Services for Adults and Protective Services for Children is based on need, as established by the receipt of report pursuant to G.S. 7A-543 or G.S.108A, Article 6. For purposes of documenting eligibility for Protective Services for Adults, the DSS-5010 must include reference to the location of the report. The Child Abuse and Neglect Report (DSS-5104) serve to document eligibility for Protective Services for Children.

D. The Income Determination Process

Methods:

For purposes of determining eligibility for services when income is a condition of eligibility, the verification method must be used, except that, with the approval of the county board of social services, the agency may adopt and use the declaration method of eligibility determination. Only one of these methods of eligibility determination may be used by the agency.

Regardless of the method used, any service specific eligibility criteria must be documented and, as applicable, verified in accordance with policies set forth in the chapter of the Family Ser-: Manual governing delivery of that service.

1. The Verification Method

Under the verification method, an individual's statement as to his/her income is documented and verified. Verification means that evidence which supports the individual's statement must be obtained and documented. Verification is documented by obtaining a copy of a source document or by the written statement of the worker concerning the contents of a source document, the

contents of a telephone conversation confirming the required information, or the identification of any existing agency record confirming the required information.

Determining Income under the Verification Method

For purposes of determining an individual's gross monthly income, each source and amount of gross monthly income available to his/her income unit must be verified, except that:

- a. Information that an individual is a current recipient of AYDC or SSI or is a child with respect to whom Title IV-E foster care maintenance payments or adoption assistance payments are made must be verified through resources such as Income Maintenance records, i.e., AFDC, Food Stamps, Medicaid, etc.

Individuals determined to be current income maintenance recipients will not be charged a fee for services.

- b. if the individual is a current recipient of Medicaid his/her statement as to both source and amount of income available to the income unit will be accepted. In this situation, each source and amount of income must be documented. The individual's status as a Medicaid recipient must be verified and documented on the DSS-5010. Medicaid status may be verified by: seeing the client's Medicaid Card; viewing the Client Information screen of the EIS Master Client Index; checking the monthly register (and daily stragglers) of authorized Medicaid recipients; and, viewing the Income Maintenance record.
- c. if the individual declares that his/her only source of income to the income unit is from OASDI benefits, his/her statement as to the source and amount of income will be accepted and documented on the DSS-5010.
- d. if a client states that s/he has no income from any of the potential sources reviewed, his/her statement is accepted and documented, but negative verification is not required.

Verification of the amount of income includes documentation that the income was actually received for the period of time considered in computing monthly gross income of the income unit.

Sources for verification of each type of income which must be considered are outlined in Appendix D of this Chapter. The individual is responsible for providing documentation of income for purposes of verification; however, if the individual is unable to furnish source documents, the agency must obtain the individual's written permission for contacts to be made with other individuals (e.g., employers) or agencies for purposes of verification. In the absence of source documents supporting income from salaries and wages, the individual may be asked to furnish a statement from his/her employer as verification of wages/salary paid to the individual.

Adequate verification does not require that every check or payment received by the client during the period for which income is computed must be verified separately. When an applicant states that his/her only source of income for the past three months has been wages from the same job and that these wages are the same each pay period, it is sufficient to see one pay voucher or check stub. The same holds true for income from Social Security or Veterans benefits, pensions, annuities or other similar sources of income that is consistent from month to month. Where income fluctuates significantly, the worker should see as many representative pay vouchers, check stubs, or other appropriate records reflecting income as the individual can furnish in order to compute and verify the monthly average amount.

2. The Declaration Method

Under the declaration method, an individual's statement about his/her income is accepted. The individual's statement must be documented, but will not be subject to verification except in situations where there is a specific reason to believe that the individual's statement is inaccurate. In these situations, the agency may verify the information given by the individual in his/her statement and, if verification is made, must document the specific reason it was believed that verification was necessary.

Although policies governing the declaration method establish that an individual's statement will not be subject to verification (except as outlined above), this does not preclude the worker from providing assistance as needed to help the individual make the most accurate statement possible nor does it preclude the normal sharing of information between service and income maintenance staff; i.e., referrals to service workers from income maintenance workers.

Individuals may have documents with them at the time they make application or at the time re-determination is initiated and may need assistance in sorting through the material at hand so that they can provide the information needed. Information incidentally secured in this manner is not considered to be verification and is not to be used as a basis for determining income. However, in these situations, the client should be asked about the additional information and should be given the opportunity to make additional statements about his/her income.

In some instances, individuals call the agency in advance to state their problem and make an appointment with a service worker. In such cases, the agency should make arrangements for an appropriate knowledgeable staff member to explain to the individual, insofar as is possible and reasonable, the type of income information which will be needed.

Process for Determining, Income under the Declaration Method

- a. An individual's statement as to his/her income maintenance status (i.e., that he is a current recipient of AFDC or SSI or that a child on whose behalf a Title IV-E foster care maintenance or adoption assistance payment is made) shall be accepted.
- b. The individual's statement regarding the sources and amount of monthly gross income available to his income unit shall be accepted, including his statement that he has no income from any of the potential sources of income reviewed.

The client must be encouraged by the worker to make as accurate a statement of monthly gross income as possible and must be discouraged from making gross estimations. This is particularly important in light of the availability of services at different income levels and in light of the fact that for certain services, the client's statement will be the determining factor in assessing the amount (if any) of a fee for service. The client should understand that in signing the DSS-5010 s/he is certifying to the accuracy of the information he has given. Individuals may be unable to complete their income statement at the time of the initiation of the eligibility determination. This may be particularly true in determining income for other members of the applicant's family or when an individual is applying for services on behalf of another person. If this is the case, the agency must make arrangements for obtaining the individual's complete statement. This may be done by either arranging a second personal contact with the individual (either at the agency or at the home of the individual) or in situations where the individual is not able to make a statement about certain components of income, by arranging for the individual to mail information to the agency pertaining to these components of income. In situations where the individual will complete his/her statement by mailing information to the agency, it will be necessary during the initial contact with the individual to complete information on the DSS-5010 which the individual has reasonable confidence in its accuracy (e.g., certain components of income, income unit) to obtain the individual's signature on the DSS-5010. The agency worker should provide the individual with sufficient guidance to enable him to accurately submit the information needed to complete his/her statement (e.g., detailed information must be provided to the applicant regarding such items as the meaning of income components, gross versus net income, and calculating monthly income). When the information is received, the remaining entries on the DSS-5010 must be completed by the worker from the information mailed in by the applicant. The information mailed in by the applicant must be maintained in the record. For each source of income about which information is transmitted by mail, notations must be made on the DSS-5010 referencing the information obtained by mail which is contained in the record.

Complete information on income available to the income unit must be present before a decision can be made on the person's application, in addition to any other information which may be required to determine eligibility for specific services.

E. The Eligibility Decision

The eligibility decision must be documented in the service record on the DSS-5010.

Eligibility for the service(s) requested is established if the agency determines and documents that the individual meets the conditions of eligibility and that the requested service(s) is available in the geographic area.

F. Period of Eligibility

If eligibility is established and the date of the initial eligibility decision is no more than thirty (30) calendar days from the date the application is signed (including the date on which the form was signed), the individual may be considered eligible on the date the

application was signed. If the eligibility decision is made more than thirty (30) calendar days from the date of application, the individual is eligible effective the date of the eligibility decision. In no instance will an individual be eligible for services funded under SSBG prior to the date an application is signed.

1. Eligibility Period for Services Available Without Regard to Income

Once initial date of eligibility is established and documented, the eligibility determination is valid for services provided without regard to income for as long as need for the service continues. Documentation of the continuing need for the service is made in the individual's record at least quarterly according to procedures established for the quarterly review in this chapter.

2. Eligibility Period for Services Available With Regard to Income

Eligibility determination is valid for 12 months when services are provided with regard to income. The twelve month initial period of eligibility is counted from the first day of eligibility as described above. .

An eligibility period is counted based on elapsed months For instance, if an eligibility period is established from 1/17/89 through 1/16/90, the next determination must be made by 1/17/90.

A recipient is not eligible under SSBG for any service provided with regard to income more than twelve months after the date of an eligibility determination or prior re-determination. If the twelve month period elapses before the re-determination process is completed, the client is no longer eligible for services. If the re-determination process was begun prior to the last day of the eligibility period, the agency may continue the re-determination process on the basis of the current signed application. However, if the eligibility re-determination process is not initiated prior to the end of the eligibility period, the applicant must reapply for services.

The beginning date of the new eligibility period must be the day after the ending date of the current period of eligibility except that for the convenience of the client as described below, it may be the date the decision was made. In any case, the client must be notified within 15 calendar days after the date of the decision.

If a member of the same income unit applies for service during a period of eligibility which has been established for another member(s) and his/her eligibility is being determined on the same basis as the other member(s), his/her eligibility period would begin on the date of the request and end on the same date of the eligibility period which was established for the other income unit member(s). If his/her eligibility is being established on a basis which is different from other member(s) of the income unit, a separate eligibility determination must be made and the eligibility period established for the full twelve month period. However, eligibility could be predetermined at the next time eligibility is being re-determined for the other members of the income unit, even if it is well in advance of the scheduled time for re-determination. In this way, consistent eligibility periods could be established for all the members of the income unit and would relieve them of the necessity of furnishing eligibility information more often than at the end of one established period of eligibility

G. Prompt Provision of Services

If eligibility is established for an individual to receive services, the requested service(s) must be provided in accordance with the time frames set forth in Section 8085 of this Chapter.

If a requested service cannot be provided promptly, the application must be denied unless the county has adopted a local waiting list policy that provides otherwise.

H. Policies Governing Waiting Lists

1. Local Policies for Services Other Than Child Day Care

In situations where there is reasonable certainty that the agency will not be able to provide service, the agency may establish a waiting list. Waiting lists may be established to meet requirements for the prompt provision of a service to eligible applicants and/or to advise interested individuals of the upcoming availability of a service so that they may apply for and receive the service.

Local policies and procedures governing the agency's use of a waiting list must be in writing and must be approved by the county board of social services. In addition, local policies must meet the following criteria:

- a. Local policies must designate whether the waiting list is used to meet prompt provision requirements, or to respond to inquiries about a service, or both.
- b. Local policies must assure that all individuals are treated equitably in terms of the manner in which they are advised of the upcoming availability of services.

The in-home services (Chore Services, Day Care Services for Adults, Homemaker Services, Housing and Home Improvement Services and Preparation and Delivery of Meals) must be made available in accordance with the target population priorities set forth in the Family Services Manual; therefore, the waiting list policy must contain provisions for assessing and documenting the priority group of each individual whose name is placed on the waiting list for any of the in-home services. (For the in-home services, each individual's priority group must be determined regardless of whether local waiting list policies otherwise require eligibility to be determined.)

For all other services, as the service becomes available, it should be provided to individuals on the waiting list in the order of the date of application or date of inquiry.

In situations where an agency's waiting list contains the names of individuals who inquire about receipt of the service, the waiting list policy must assure that the eligibility of individuals who have inquired is determined prior to the service becoming available. For example, the agency may adopt a policy that eligibility must be determined for all individuals whose names occupy the top five positions on the waiting list.

- c. Local policies must ensure that an individual's name does not remain on the list indefinitely without the individual being notified of the status of his/her request/inquiry and the anticipated availability of the service. To

this extent, the waiting list policy must designate a reasonable time period, not to exceed 90 days, that the individual's name can remain on the list prior to providing the service or notifying the individual that the service cannot be provided.

2. Waiting List for Child Day Care Services

The waiting list for Child Day Care Services must be established and managed in accordance with policies set forth by the Division of Facility Services, Child Day Care Section.

The waiting list policy must be implemented consistently and, for purposes of appeals and fair hearing, documentation must be adequate to support the agency's decision.

XII. Conditions of Eligibility: Funding Sources Other Than SSBG

In order for an individual to receive services from any of the following funding sources, it must be established that he meets conditions for eligibility for services funded under SSBG (listed previously in this Chapter) and any service specific criteria included in the Manual chapters listed below.

<u>Funding Source</u>	<u>Service</u>	<u>Manual Reference</u>
State In-Home Services Fund	Chore	Vol V, Chap I
	Homemaker	Vol V, Chap IV
	Day Care for Adults	Vol V Chap II
	Housing and Home Improvement	Vol V, Chap V
	Preparation and Delivery of Meals	Vol V, Chap VI
State Adult Day Care Fund	Day Care Services for Adults	Vol V, Chap II
State Abortion Fund	Health Support Services	Vol VII, Chap III
State Child Day Care Fund	Child Day Care Services	Day Care Manual
Employment Programs	WIN	Volume II
Refugee Assistance	Refugee Assistance Program	Volume IV
Child Welfare	Services Preventive, Protective And Permanency Planning Services for Children	Vol I, Chap I, II, III

Appendix A:
Service Funding Source Matrix Service Definitions

I. Service Provision and Funding Source Matrix

*See Following Page for Form.

Appendix A: Service Provision and Funding Source Matrix: Service Definitions 7-1-94

I. Service Provision and Funding Source Matrix

A. Services Available for Provision Under SSBG and/or Other Sources

Services	Funding Sources							Basis of Provision			
	SSBG	Title IV-B (CWS)	Title IV-B (CWS) Permanency Planning	Title IV-C (WIN)	State In-Home Services Fund	State Adult Day Care Fund	State Abortion Fund	State Child Day Care Fund	Services available on the basis of charges, no fee	Services available on the basis of need, fee charged at certain income levels	Services available on the basis of need and income
1. Adjustment Services for the Blind and Visually Impaired	X								X		
2. Adoption Services	X		X						X		
3. Child Day Care Services	X	X						X			X
4. Chore Services for the Blind	X								X		X
5. Community Living Services	X								X		
6. Day Care Services for Adults	X				X	X				X	
7. Delinquency Prevention Services	X		X						X		
8. Employment and Training Support Services	X		X	X					X		
9. Foster Care Services for Adults	X								X		
10. Foster Care Services for Children	X		X						X		
11. Health Support Services 2	X		X	X			X		X		
12. Housing and Home Improvement ³	X		X	X	X					X	
13. Individual and Family Adjustment Services	X		X						X		
14. In-Home Services: Chore Services	X		X		X					X	
15. In-Home Services: Homemaker	X		X	X	X					X	
16. Personal and Family Counseling	X		X							X	
17. Preparation and Delivery of Meals	X				X					X	
18. Problem Pregnancy Services	X	X	X							X	
19. Protective Services for Adults	X								X		
20. Protective Services for Children	X		X						X		
21. Residential Treatment for the Emotionally Disturbed	X								X		
22. Transportation Services ⁴	X		X	X					X		
23. Other Child Welfare Services			X						X		X

1 Funds may only be used for abortions as authorized by state law.

2 Sterilization and abortion resource items of Health Support Services are provided on the basis of need and income (available under SSBG for people with incomes below 80% of the established income).

3 A fee is charged only for the resource items included in this service and not for the counseling component.

4 For medical transportation SSBG is available for transportation for people with incomes below 60% of the established income. For authorized Medicaid recipients, Title XIX is also a funding source for transportation.

Appendix A:
Service Funding Source Matrix Service Definitions

II. Service Definitions

Services provided under the funding sources outlined in Part I of this Appendix are defined as follows:

A. Services Available for Provision under SSBG and/or Other Sources:

I. ADJUSTMENT SERVICES FOR THE BLIND AND VISUALLY IMPAIRED

The definition of Adjustment Services for the Blind and Visually Impaired is set forth in material issued by the Division of Services for the Blind

2. CHORE SERVICES FOR THE BLIND

The definition of Chore Services for the Blind is set forth in material issued by the Division of Services for the Blind.

3. CHILD DAY CARE SERVICES

The definition of Child Day Care Services is set forth in the Department of Human Resources, Office of Day Care Services Policy Manual.

4. ADOPTION SERVICES

a. Primary Service

Adoption Services are: the recruitment, study and selection of adoptive homes; social casework and other diagnostic and treatment services to prepare the child and prospective parents for placement; casework services to the child and adoptive parents to support and maintain the placement and to facilitate legal consummation of the adoption, including supervision and reports to the court; casework counseling and Court related services in independent placements and in adoptions by stepparents and relatives as required by statute; and casework services to facilitate interstate and inter-country adoptions including those activities required to bring such interstate planning and placements into compliance with the Interstate Compact on the Placement of Children; and the provision of post-adoption services including, but not limited to, casework services designed to support the achievement of long range adjustment between the child and members of the adoptive family, and to assist the adoptee to gain understanding of his biological heritage to the extent allowed by law. At its option, the county may provide payment of costs incidental to pre-placement and placement visits as a resource to facilitate the provision of adoption services, and payment of the cost of legal services to facilitate legal adoption of a child.

b. Components None

c. Resource Items None

d. Target Population

Children for whom legal adoption is planned or in process.

5. COMMUNITY LIVING SERVICES

a. Primary Service

Community Living Services are provided to support continuation of the individual's family or community-based situation, or to prepare him for leaving institutional care and facilitate his transition to living in the community. Such services include training in community living skills and work activity training commensurate with the individual's age and developmental level; recreational and other activities which promote normalization outside an institutional setting; and assistance in arranging for and utilizing community services, and resources which support this regimen of services. On an optional basis, services may also include remedial and treatment services necessary to ameliorate the handicapping effects of the disability which prevent or constrain personal, social, and work adjustment (e.g., physical therapy, speech therapy), food and food services to provide a nutritious meal and snacks during the time clients participate in on-site services, and transportation when needed and not otherwise available to access community living services programs

b. Components

None

c. Resource Items

None

d. Target Population

(1) Individuals who are mentally retarded.

(2) Individuals who are severely disabled.

6. DAY CARE SERVICES FOR ADULTS

a. Primary Service

Day Care Services for Adults is the provision of an organized program of services during the day in a community group setting for the purpose of supporting adults' personal independence, and promoting their social, physical, and emotional well-being. Services must include a variety of program activities designed to meet the individual needs and interests of the participants, and referral to and assistance in using appropriate community resources. Also included are medical examinations required for individual participants for admission to day care and periodically thereafter when not otherwise available without cost, food and food services to provide a nutritional meal and snacks as appropriate to the program, and transportation to and from the service facility when needed and not otherwise available.

Services must be provided in a home or center certified to meet state standards for such programs. Services include recruitment, study and development of adult day care programs, evaluation and periodic reevaluation to determine if the programs meet the needs of the individuals they serve, and consultation and technical assistance to help day care programs expand and improve the quality of care provided.

b. Components

None

c. Resource Items

None

d. Target Population

Adults who because of age, disability or handicap need the service to enable them to remain in or return to their own home within the target population, eligible clients shall be provided day care services for adults in the following order of priority:

- (1) Adults who require complete, full-time daytime supervision in order to live in their own home or prevent impending placement in substitute care (e.g. nursing home, domiciliary home), and adults who need the service as part of a protective services plan.
- (2) Adults who need help for themselves with activities of daily living or support for their caregivers in order to maintain themselves in their own homes.
- (3) Adults who need intervention in the form of enrichment and opportunities for social activities in order to prevent deterioration that would lead to placement in group care.
- (4) Individuals who need time-limited support in making the transition from independent living to group care, or individuals who need time-limited support in making the transition from group care to independent living.

7. DELINQUENCY PREVENTION SERVICES

a. Primary Service

Delinquency Prevention Services are services to youths who are in danger of being confined to a correctional facility, including counseling and other treatment services to provide guidance and direction to youths who are having behavior problems which, if not corrected, may result in their being brought before the court and committed or recommitted to a correctional facility. Also included are counseling or instructions for parents or other caretakers to improve parents or other caretakers capacity to supervise the youth; vocational counseling and, where appropriate, assistance in obtaining employment; assistance in establishing better child-school, child-parent, child-community relationships, assistance in securing better living arrangements; assistance in relieving unnecessary psychosocial pressures on the child and/or family; and provision as appropriate, of in and counseling on drug and alcohol abuse. At county option, residential care, including room and board for up to six months for any one placement, may be provided where necessary to the provision of a comprehensive and intensive regimen of the services described above. Medical or remedial care is included in such residential care when they are integral, but subordinate parts of the regimen of services. Included are psychiatric diagnosis and treatment and drug therapy as prescribed by a physician.

b. Components

None

c. Resource Items

None

d. Target Population

Children between 8 and 18 who are in clear and present danger of being committed or re-committed to the juvenile correctional system.

8. EMPLOYMENT AND TRAINING SUPPORT SERVICES

a. Primary Service

Employment and Training Support Services are services provided as part of an individual service plan to enable appropriate individuals to secure paid employment or training leading to employment, including basic education and continuing education. Services include counseling to explore with the individual his current readiness or potential for employment and to assess the feasibility of seeking training or employment in relation to the total needs of the family; providing information about and referral to educational resources, training programs, and possible sources of employment; and counseling and information to encourage and support the individual's employment objectives with respect to such topics as grooming, how to apply to appropriate resources, employer expectations, and constructive resolution of work related problems. Also included is arrangement for or provision of general and specialized diagnostic tests and, evaluations to assess the individual's potential for employment and any limitations which affect employment or training. Transportation, when needed to enable individuals to make application and interview for employment and to participate in training leading to employment, may be provided on an optional basis.

b. Components

None

c. Resource Items

At provider option, payment for resource items may be provided to facilitate the provision of Employment and Training Support Services. Resource items include tuition, supplies, and rental or purchase of books when needed to assist in meeting the usual expenses of obtaining vocational training, basic education, or a high school education or its equivalent in public or private technical institutes or community colleges; lunches, uniforms, and subject to State Office approval, tools and other equipment necessary to enable individuals to accept training or employment when such items are not otherwise available.

d. Target Population

Individuals who are unable to obtain or retain adequate employment.

9. FOSTER CARE SERVICES FOR ADULTS

a. Primary Service

Foster Care Services for Adults means assistance directly to, or on behalf of, aging, blind or disabled individuals and other adults in need of such service in finding licensed substitute homes suitable to the particular needs of such individuals when they are unable to remain in their own homes or when such service is needed to enable adults to move out of institutional care. Services include assessment with the individual or his family or both of the appropriateness of and need for initial or continued placement; determining the need and arranging for appropriate services to support the social, emotional, and physical well-being of the individual during the placement including counseling to help the individual attain and maintain adequate psychosocial adjustment; and counseling and casework services to support and strengthen the individual's relationship with his own family.

Services also include recruitment, study and development of family care homes and group care facilities, evaluation and periodic reevaluation to determine if the home or facility meets the needs of the individuals it serves, and consultation and technical assistance to help family care homes and group care facilities to expand and improve the quality of care provided.

b. Components None

c. Resource Items None

d. Target Population

Aging, blind, or disabled individuals (18 years or older) or other adults needing to find licensed substitute homes when unable to stay in own home or moving out of institutional care.

10. FOSTER CARE SERVICES FOR CHILDREN

a. Primary Service

Foster Care Services for Children means social casework services through which a plan for substitute care appropriate to a child needs is evaluated, arranged, maintained and supervised either in the home of an approved relative or in a licensed or approved home or facility when neither of the child's parents are able to care for him adequately or to provide a suitable environment.

Services include diagnostic study and evaluation, and medical examinations when not otherwise available, to determine the appropriate plan for service and type of placement to meet the child's needs; preparation of the child and natural family for the separation and placement; supervision of the care of the child and of the foster care facility to assure that the child receives proper care, during placement, the provision of social casework and other treatment services to facilitate the child's psychosocial adjustment and to assist the parents or other responsible relatives to improve conditions and enable the child to return to his own home; planning and providing services as necessary for the placement of the child in the home of other relatives, in an adoptive home or in continued foster care as appropriate. Foster Care Services including providing casework services and supervision to a child and his family from the time the child is returned to the home of his parents to the time court action is completed returning legal custody of the child to the parents. At

county option, services may include the provision of legal services to facilitate permanent planning for a child.

Foster Care Services includes identifying children who require placement across state lines, ensuring that such placements are in suitable environments with persons or caretaking facilities having appropriate licenses and effecting such placements pursuant to the Interstate Compact on the Placement of Children. "Placement" pursuant to the interstate laws means the arrangement for the care of a child in either a family or foster care facility but does not include any medical facility or facility licensed under standards adopted by Mental Health. Services include ongoing supervision.

Services also include recruitment, study and development of foster families and child care facilities; assessment and periodic reassessment to determine if the home or facility meets the needs of children it serves; and consultation, technical assistance, and training to assist foster families and care facilities to expand and improve the quality of care provided.

b. Components

At county option, the provision by a foster family home of services, in addition to basic foster care, which meet the special needs of children in that home.

c. Resource Items

At county option, payment for resource items may be provided to in school. Resource items include supplies, special clothes, and fees for membership in school sponsored extracurricular activities.

d. Target Population

Children in need of a supervised plan of substitute care.

11. HEALTH SUPPORT SERVICES

a. Primary Service

Health Support Services means helping individuals and families to recognize health needs including those related to alcohol and drug abuse; to cope with incapacities and limited functioning resulting from aging, disability, or handicap and to choose, obtain and use resources and mechanisms of support under Medicaid (including the Healthy Children and Teens Program), Medicare, maternal and child health programs and from other public or private agencies or providers of health services; counseling and planning, as appropriate, with individuals, families, and health providers to help assure continuity of treatment and the carrying out of health recommendations; and helping individuals to secure admission to medical institutions and other health-related facilities as needed; and family planning services as described in b., Components. At county option, transportation, when not otherwise available, may be provided as necessary to access needed medical and health care resources.

b. Components

Family Planning Services to enable individuals and families to voluntarily limit the family size or to space the children, and to prevent or reduce the incidence of births out of wedlock. Such services include educational activities, the provision of printed materials, counseling about family planning and genetics, and help in utilizing medical and educational services available in the community and state. Also included are educational services in human sexuality appropriate to an individual's emotional and social adjustment and physical development.

c. Resource Items

1. Mandated Resources

- a. For individuals who are recipients of AFDC, SSI, or protective services or whose family income is less than 80% of the state's established income maximum for social services eligibility, payment for medical services for non-therapeutic sterilization and payment for abortion in cases where the mother's life would be endangered if the fetus were carried to term.
- b. For women who are recipients of AFDC, SSI, or protective services or whose income does not exceed 50% of the state's established income maximum for social services eligibility, payment for abortion under the State Abortion Fund.

2. Optional Resources

At county option any combination of the following resource items may be provided as needed and appropriate to enable aging, disabled or handicapped individuals to attain or maintain the highest level of functioning possible, to promote their well being and to prevent or reduce inappropriate institutional care.

- (a) Assistance with communication to enable individuals to utilize needed health and medical resources and other community services and resources through the provision of interpreters for the deaf and the provision of telephones when not otherwise available for the aging, disabled, or handicapped who are alone and homebound, or who have a health or medical condition which necessitates ready access to or frequent use of a telephone in their home.
- (b) Mobility assistance for aging, disabled and handicapped persons, through the installation of ramps, rails and other safety measures at the individual's home and the provision of escort service to health facilities and other needed resources for individuals unable to travel or wait alone.
- (c) Arranging for or providing friendly visitors or c for part of a day to assist individuals who, because of frailty, physical or mental disability or social isolation, have limited contacts with other people. Such companionship service offers mental and physical stimulation and provides an opportunity for observation as to the need for professional help of any kind.

- (d) Provision of special health needs and supplies such as ostomy supplies, oxygen, bandages, orthopedic and other appliances needed by aging and disabled individuals in their own homes and not available through Medicaid, Medicare or resources without cost.

d. Target Population

- (1) Individuals or families experiencing health related problems.
- (2) For the family planning component, individuals (male or female) who are of age to produce children.

12. HOUSING AND HOME IMPROVEMNT SERVICES

a. Primary Service

Housing and Home Improvement Services means assistance to individuals and families in obtaining and retaining adequate housing and basic furnishings. Services include helping to improve landlord-tenant relations, to identify substandard housing, to secure correction of housing code violations, to obtain or retain ownership of own home, and to find and relocate to more suitable housing.

b. Components

None

c. Resource Items

- (1) The provision of labor and materials for minor renovations and repairs to owner-occupied dwellings to remedy conditions which are a risk to personal health and safety may be included as an optional part of this service.
- (2) Basic appliances, such as stove, refrigerator, heater, fan, or air conditioner may also be provided at county option to facilitate the provision of Housing and Home Improvement Services. Such appliances may be provided when this is not the responsibility of the landlord and the individual lacks these essentials to prepare food or is without heat or cooling equipment which is needed to protect their health.

d. Target Population

Individuals or families needing to obtain or retain adequate housing or basic furnishings. Within the target population, eligible clients shall be provided housing and home improvement services in the following order of priority:

- (1) Aged or disabled adults and children who need the service to avoid impending placement in substitute care (e.g. nursing home, domiciliary home, foster home), and abused or neglected adults and children who need the service as part of a protective services plan.
- (2) Aged or disabled adults who need the service to safeguard their functioning and to maintain personal health and safety in their own homes.

- (3) Children who need the service as part of a plan of preventive services designed to strengthen the family and preserve the home for the child, or as a part of permanency planning to enable a child to return borne from substitute care.

13. INDIVIDUAL AND FA MILY ADJUSTMENT SERVICES

a. Primary Service

Individual and Family Adjustment Services are designed to offer assistance to individuals and their family members in support of attempts to restructure or solidify the individual environment. Activities include counseling to enable the individual to recognize, understand, and cope with problems and conflicts in regard specifically to such areas as household management, consumer affairs, family life, alcoholism, drug addiction, mental retardation, emotional disturbance, and school related problems. Such counseling is also designed to help individuals independently utilize community resources, including other social services; take advantage of natural support systems; and achieve an adequate level of functioning within the family.

Also included is arranging for other services when needed to support the provision of Individual and Family Adjustment Services; diagnostic psychological study and evaluation necessary to determine the appropriate plan of service; activities associated with fulfilling the agency's responsibility, to serve as guardian or representative payee for individual clients and social development through therapeutic groups, as a part of a service plan, to give individuals opportunities for participation in structured group activities focused on helping them cope with personal problems, develop capacities for more adequate social functioning and relieve social isolation.

b. Components

Day or residential camp experience for school-age children and therapeutic camp for developmentally disabled or handicapped individuals and their families and for youths whose behavior is delinquent or undisciplined may be provided at county option.

c. Resource Items

None

d. Target Population

- (1) Individuals who need assistance in order to fully and appropriately utilize social services.
- (2) Individuals who need assistance in coping with specific problems, such as household management, consumer affairs, family life, alcoholism, drug addiction, mental retardation, emotional disturbance, and school related problems.

14. IN-HOME SERVICES: CHORE SERVICES

a. Primary Service

A chore service means the provision of care for persons or assistance to persons by performing home management or personal care tasks that are essential to the activities of daily living. Such tasks are performed to enable individuals to remain in their own homes when they are unable to carry out these activities for themselves and when no responsible person is available for these tasks. Chore services is provided under professional direction and only by persons who have received training for the proper performance of such tasks. Professional direction means guidance and supervision in implementing a plan of care based on individual assessment of a person's health status and particular care needs. Home management includes tasks related to maintaining the home, shopping for and preparing meals and providing essential transportation for the client. Personal care includes tasks related to physical care and feeding of clients. The specific tasks that may be performed are defined according to level of the task, supervision required and training required

b. Components

At county option, non institutional respite care may be provided to a client in the home of the client or his primary caregiver for a period of up to one week, including 24 hour care. Tasks provided are home management, personal care, and custodial supervision.

c. Resource Items

None

d. Target Population

Individuals who are unable to carry out tasks essential to the activities of daily living, who have no responsible person available to perform these tasks and who need this service in order to remain in their own homes. Within the target population, eligible clients shall be provided chore services in the following order of priority:

- (1) Adults who need the service as part of an adult protective services plan;
- (2) Aged or disabled individuals who need the service to prevent placement in substitute care (e.g. nursing home, domiciliary home, foster home);
- (3) Aged or disabled individuals who need the service to maintain self-sufficiency and prevent deterioration;
- (4) Aged or disabled individuals who receive some needed care from others but who need the service to enable their caregivers to maintain employment or to otherwise support the caregiver's efforts to keep the person in his own home.

15. IN-HOME SERVICES: HOMEMAKER SERVICES

a. Primary Service

Homemaker Services are supportive, services provided by qualified paraprofessionals who are trained, equipped, assigned, and supervised by the agency to help maintain, strengthen, and safeguard the care of

children and the aging and the functioning of dependent, physically or emotionally ill or handicapped children and adults in their own homes or children in foster homes. Such services meet standards set by the North Carolina Department of Human Resources, Division of Social Services, which are based on standards of the National Home Caring Council, Inc. These services include providing assistance in management of household budgets, planning nutritious meals, purchasing and preparing foods, and help with housekeeping duties and basic personal and health care, with focus on avoiding unnecessary and expensive institutional care. Also included are help and instruction to families and individuals in managing to live within a public assistance or other limited budget and in consumer education generally. For families with children, these services also include the provision of temporary child care to avoid placing children away from home when parents are absent or ill, and help and instruction in sound child-rearing practices including assistance and instruction in basic care for substantially handicapped children.

- b. Components None
- c. Resource Items None
- d. Target Population

Adults and children who need help in remaining in their own homes, or who need help in maintaining, strengthening and safeguarding their functioning because of economic dependency, physical or emotional illness or handicap. Within the target population, eligible clients shall be provided homemaker services in the following order of priority:

- (1) Aged or disabled adults and children who need the service to avoid impending placement in substitute care (e.g. nursing home, domiciliary home, foster home), and abused or neglected adults and children who need the service as part of a protective services plan.
- (2) Children who need the service as part of a plan of preventive services designed to strengthen the family and preserve the home for the child, or as a part of permanency planning to enable a child to return home from substitute care.
- (3) Adults who live alone and, because of age, disability, illness or handicap, need the deterioration that may lead to placement in substitute care.
- (4) Aged or disabled individuals who can receive some needed care from others but who need the service to enable their caregivers to maintain employment or to otherwise support the care giver's efforts to keep them in their own homes.

16. PERSONAL AND FAMILY COUNSELING

- a. Primary Service

Personal and Family Counseling means the rendering of counseling services or therapy to individuals, either singly or in groups, for the purpose of resolving emotional conflicts within social relationships. It operates through a process of mobilizing the strengths inherent in the person which are needed to deal with immediate situations and

developing the coping ability of the family and its members to use themselves effectively in life roles and tasks. The process involves a professional relationship with a skilled counselor to help the client assess the situation, to plan steps for dealing with it, and to take appropriate action.

- b. Components None
- c. Resource Items None
- d. Target Population

Individuals experiencing stress which impedes satisfactory emotional adjustment and is causing serious conflicts in interpersonal relationships.

17. PREPARATION AND DELIVERY OF MEALS

- a. Primary Service

This service means the preparation and delivery of nutritious meals to a blind, aging, or disabled individual in his own home or in a central dining facility as necessary to prevent institutionalization or malnutrition. The cost of raw food necessary to provide the meal service is included.

- b. Components None
- c. Resource Items None
- d. Target Population

Blind, aging, or disabled individuals needing nutritious meals in their own home or in a central dining facility as necessary to prevent malnutrition or institutionalization within the target population, eligible clients shall be provided meal services in the following order of priority:

- (1) Aged or disabled individuals who need the service to avoid impending placement in substitute care (e.g. nursing home, domiciliary home, foster home) and adults who need the service as part of a protective services plan.
- (2) Aged or disabled adults who live alone and need the service to maintain self-sufficiency and prevent deterioration that may lead to placement in substitute care.
- (3) Aged and disabled individuals who can receive some needed care from others but who need the service to enable their caregivers to maintain employment or to otherwise support the care-giver's efforts to keep them in their own homes.

18. PROBLEM PREGNANCY SERVICES

- a. Primary Service

Problem Pregnancy Services are services to individuals who are involved with an undesired pregnancy. Services include counseling to assist such individuals in looking at alternative solutions to the unwanted pregnancy, (i.e., abortion, adoption, or keeping the baby), and at the probable consequences of each alternative; and assistance in arranging for and utilizing other needed services. Residential care, including a concentrated regimen of services as described above, room and board for up to six months, medical supervision, and medications required for health maintenance in pregnancy as prescribed by a physician may be provided when such care is provided in an approved living arrangement. Psychiatric

counseling specifically related to help in coping with the pregnancy may also be included as an integral but subordinate part of the regimen of residential services.

b. Components

None

c. Resource Items

None

d. Target Population

Individuals (male or female) involved with an undesired pregnancy. The residential care component is made available to pregnant females.

19. PROTECTIVE SERVICES FOR ADULTS

a. Primary Service

Protective Services for Adults are services provided to correct or prevent further abuse, neglect, exploitation or hazardous living conditions of individuals 18 years of age or older or lawfully emancipated minors who are unable to manage their own resources, carry out the activities of daily living or protect their own interests. Services include acceptance and evaluation of reports of the need of individuals for protective services; planning and counseling with such individuals and their relatives or caretakers to identify, remedy or prevent problems which result in abuse, neglect or exploitation; assisting in arranging for appropriate alternate living arrangements in the community or in an institution; and arranging for the provision of medical, legal and other services as needed and appropriate. Also included is assistance in arranging for protective placement, guardianship, or commitment when needed as part of the protective services plan and carrying out the duties of guardian or representative payee when part of a protective services plan, and the provision of medical and psychological diagnostic studies and evaluations where needed to substantiate and assess the circumstances of abuse or neglect. At its option, the county may provide advocacy, including legal services, to assure receipt of rights and entitlements due to adults at risk, and the services of lawyers to represent the agency where court action is necessary to protective adults.

b. Components

None

c. Resource Items

None

d. Target Population

“Disabled” adults (18 years or older or lawfully emancipated minor) who are unable to manage their own resources, carry out activities of daily living, or protect their own interests.

20. PROTECTIVE SERVICES FOR CHILDREN

a. Primary Service

Protective Services for Children are social services provided to children and their parents or other caretakers in response to instances of actual or suspected child neglect, abuse Or exploitation. The primary elements of protective services consist of identifying children at risk; receiving and investigating reports of neglect, abuse or exploitation; evaluating the degree of damage or risk to the child; cooperation with law enforcement agencies -as required to obtain suitable care and services for children in or out of their own homes and initiation of court action where necessary; counseling and planning with the child's family toward the solution and prevention of problem causing neglect, abuse or exploitation; and arranging for the provision of, and assisting families in utilizing appropriate services and community resources such as foster care, day care, health and mental health services, homemaker services, etc. as needed.

These services are included for runaways, harmed or threatened with harm by virtue of their status as runaways. Included also are service activities necessary to carry out statutory responsibility to approve or disapprove the separation of a child under six months of age from its parent.

At its option, the county may provide counseling and therapy for children and their parents or guardians, training courses for parents or guardians of the individual child, and services of lawyers to represent the agency where court action is necessary to protect children.

b. Components

(1) The provision of medical, psychological and medico-legal diagnostic studies and evaluations where needed to substantiate and assess the circumstances of abuse or neglect are included.

(2) The provision of emergency shelter, at county option.

c. Resource Items

None

d. Target Population

Children (birth through 17 years) in actual or suspected danger of child neglect, abuse, or exploitation

21. RESIDENTIAL TREATMENT FOR THE EMOTIONALLY DISTURBED

a. Primary Service

Residential treatment means services provided in an environment effectively structured and designed as a therapeutic milieu to meet individualized needs of emotionally disturbed individuals. Services should initiate and direct recovery from the incidence and debilitating effects of emotional disturbance in such manner that rehabilitation toward adequate social and emotional functioning can be continued by follow-up support and treatment in home and community. Included is room and board for up to six consecutive months for any one placement in residential treatment. Psychiatric counseling and drug therapy specifically related to the treatment of the individual's emotional disturbance may be provided as integral but subordinate to the regimen of residential treatment services.

b. Components

None

c. Resource Items

None

d. Target Population

Emotionally disturbed children who are a placement responsibility (by legal custody or voluntary agreement) of county departments of social services and for whom other program resources are not available.

22. TRANSPORTATION

a. Primary Service

Transportation Services means providing transportation as part of a service plan to enable individuals for whom transportation is not otherwise available to have access to medical and health resources, shopping facilities, education, recreational and employment and training opportunities, and other community facilities and resources, and to support the delivery of other social services.

b. Components

None

c. Resource Items

None

d. Target Population

All individuals in need of the service who meet the general eligibility criteria.

23. OTHER CHILD WELFARE SERVICES

Other child welfare services are social work intervention services, which, in addition to core services (i.e., those services defined above that are available as Child Welfare Services) protect and promote the welfare of children, including the strengthening of their own homes where possible. Activities include gathering information about and assessing the needs and problems of a child within the context of family interaction, environment and/or coping patterns; helping a child and his family gain insights into and understanding of their needs and problems, and assisting them to know about and use other services and resources available to them. Activities also include collaborating on a case by case basis with individuals in other systems (e.g., judicial, health, education) to plan with and support a child and those involved with him through a crisis or an at-risk situation.

Appendix B:
NORTH CAROLINA'S ESTABLISHED INCOME

Gross Annual Income Levels by Size of Income Unit

Size of Income Unit	60% of Established Income	80% of Established Income	State's Established Income
1	\$ 6,132	\$ 8,172	\$ 10,224
2	8,268	11,028	13,788
3	10,404	13,872	17,352
4	12,552	16,740	20,928
5	14,688	19,584	24,492
6	16,836	22,452	28,068
7	18,972	25,296	31,632
8	21,120	28,164	35,208
9	23,256	31,008	38,772
10	25,404	33,876	42,348
11	27,540	36,720	45,912
12	29,688	39,588	49,488

Gross Monthly Income Levels by Size of Income Unit

Size of Income Unit	60% of Established Income	80% of Established Income	State's Established Income
1	\$511	\$681	\$852
2	689	919	1,149
3	867	1,156	1,446
4	1,046	1,395	1,744
5	1,224	1,632	2,041
6	1,403	1,871	2,339
7	1,581	2,108	2,636
8	1,760	2,347	2,934
9	1,938	2,584	3,231
10	2,117	2,823	3,529
11	2,295	3,060	3,826
12	2,474	3,299	4,124

APPENDIX C

- A. Sources of income which must be considered for purposes of computing family monthly gross income are as follows:
1. Money wages or salary - i.e., total money earnings received for work performed as an employee, including wages, salary, Armed Forces pay, commissions, tips, piece-rate payments, and cash bonuses earned, before deductions are made for taxes, bonds, pensions, union dues, and similar purposes.
 2. Net income from non farm self-employment - i.e., gross receipts minus expenses from one's own business, professional enterprise, or partnership. Gross receipts include the value of all goods sold and services rendered. Expenses include costs of good purchased, rent, heat, light, power, depreciation charges, wages and salaries paid, business taxes (not personal income taxes), and similar costs. The value of salable merchandise consumed by the proprietors of retail stores is not included as part of net income.
 3. Net income from farm self-employment - i.e., gross receipts minus operating expenses from the operation of a farm by a person on his own account, as an owner, renter, or sharecropper. Gross receipts include the value of all products sold, government crop loans, money received from the rental of farm equipment to others, and incidental receipts from the sale of wood, sand, gravel, and similar items. Operating expenses include cost of feed, fertilizer, seed and other farming supplies, cash wages paid to farmhands, depreciation charges, cash rent, interest on farm mortgages, farm building repairs, farm taxes (not State and Federal income taxes), and similar expenses. The value of fuel, food, or other farm products used for family living is not included as part of net income.
 4. Social Security includes Social Security pensions and survivors' benefits, and permanent disability insurance payments made by the Social Security Administration prior to deductions for medical insurance and railroad retirement insurance checks from the U.S. Government.
 5. Dividends, interest (on savings or bonds), income from estates or trusts, net rental income or royalties include dividends from stockholdings or membership in associations, interest on savings or bonds, periodic receipts from estates or trust funds, net income from rental of a house, store, or other property to others, receipts from boarders or lodgers, and net royalties.
 6. Pensions and annuities include pensions or retirement benefits paid to a retired person or his survivors by a former employer or by a union, either directly or through an insurance company; periodic receipts from annuities or insurance.
 7. Unemployment compensation means compensation received from government unemployment insurance agencies or private companies during periods of unemployment and any strike benefits received from union funds.
 8. Worker's compensation means compensation received periodically from private or public insurance companies for injuries incurred at work. The cost of this insurance must have been paid by the employer and not by the person.
 9. Alimony.
 10. Child support.

11. Veteran's pensions means money paid periodically by the Veterans' Administration to disabled members of the Armed Forces or to survivors of deceased veterans, subsistence to be paid to veterans for education and on-the-job training, as well as so-called "refunds" paid to ex-servicemen as GI insurance premiums.
- B. Sources of income which are not to be considered in computing family monthly gross income are as follows:
1. Public assistance or welfare payments including payments such as AFDC, SSI, State Supplemental Payments, general assistance, State County Special Assistance for Adults, Low Income Energy Assistance, Refugee Cash Assistance, foster care assistance payments, and adoption assistance payments.
 2. Per capita payments to or funds held in trust for any individual in satisfaction of a judgment of the Indian Claims Commission or the Court of Claims;
 3. Payments made pursuant to the Alaska Native Claims Settlement Act to the extent such payments are exempt from taxation under Section 21(a) of the Act,
 4. Honey received from sale of property, such as stocks, bonds, a house, or a car (unless the person was engaged in the business of selling such property in which case the net proceeds would be counted as income from self-employment);
 5. Withdrawals of bank deposits;
 6. Money borrowed;
 7. Tax refunds;
 8. Gifts or contributions;
 9. Lump sum inheritances or insurance payments;
 10. Capital gains;
 11. The value of the coupon allotment under the Food Stamp Act of 1964, as amended, in excess of the amount paid for the coupons;
 12. The value of USDA donated foods;
 13. The value of supplemental food assistance under the Child Nutrition Act of 1966 and the special food service program for children under the National School Lunch Act, as amended;
 14. Any payment received under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970;
 15. Earnings of a child under 14 years of age (no inquiry shall be made);
 16. Loans and grants, such as scholarships, obtained and used under conditions that preclude their use for current living costs;
 17. Any grant or loan to any undergraduate student for educational purposes made or insured under any program administered by the Commissioner of Education under the Higher Education Act;
 18. Home produce utilized for household consumption;
 19. Income received by individuals participating as volunteers under the VISTA program; and
 20. Earnings received by youth from participation under Title IV, Youth Employment and Demonstration Program of CETA.

21. Lump sum payments from the Department of Housing and Urban Development to certain low and moderate income tenants in multi-family projects subsidized under Section 236 of the National Housing Act as reimbursement for costs incurred by residents whose rents increased as a result of rising tax and utility rates.

APPENDIX D

SOURCES FOR VERIFICATION OF FAMILY MONTHLY GROSS INCOME

Basic methods for verification of each type of income considered in computing family monthly gross income are outlined below. Sources other than those specified below which supply comparable verification may also be used.

- a. Cash Wages or Salary - Seeing a pay voucher, check stub, or statement from employer.
- b. Net income from non-farm- Ex of records of gross receipts and expenses.
- c. Net income from farm - Examination of records of gross receipts and expenses.
- d. Social Security - Seeing a check or award letter or sending an SSA-1610 to the Social Security Office.
- e. Dividends, interest - Statement from savings institutions, bank, etc.; rent receipts from lodgers or tenants.
- f. Pensions and Annuities - Check or award letter from institution paying the benefit.
- g. Unemployment Compensation - Check with local Employment Security Commission or obtain statement for private company or union paying benefit.
- h. Worker's Compensation - Check or award letter from insurance company making payment. Cost of this insurance must have been paid by the employer and not by the recipient.
- i. Alimony - Seeing copy of Court Order.
- j. Child Support - Seeing copy of voluntary agreement or Court Order or, in the absence of a court order, receipts that substantiate support payment.
- k. Veteran's Benefits - Seeing check or award letter from the Veterans Administration.

APPENDIX E

Family Service Programs

<u>Code</u>	<u>Recipient Category</u>
001	<u>Current Recipient of SSI: Aged; Blind; or Disabled</u>
005	<u>Current Recipient of AFDC:</u> Current recipient of AFDC or an individual whose needs are taken into account in determining the needs of a current AFDC recipient (essential person) or a child for whom Foster Care Assistance payments or Adoption Assistance payments are made under Title IV-E.
007	<u>Medicaid Only – Recipients:</u> An individual who is eligible for services under SSBG on a basis of family income and who is certified or authorized eligible for Medical Assistance only.
009	<u>With Regard to Income:</u> An individual who receives services, at least one of which has income as a condition of eligibility under SSBG and who is none of the above.
019	<u>Without Regard to Income:</u> An individual who receives only services available without regard to income and who is none of the above.

Employment Programs

030	<u>Food Stamp Workfare:</u> Food Stamp participants <u>who are not AFDC recipients</u> , regardless of workfare program activity and children of these individuals who are receiving services to enable their parent responsible caretaker to participate in work program activities. (Eligibility for child care or any other SSBG services for these individuals must be determined in accordance with existing eligibility criteria.)
040	<u>AFDC Employment Program:</u> Individuals who are participating in any AFDC employment program activity or receiving employment related services and children of the above individuals who are receiving services to enable their parent/responsible caretaker to participate in program activities. This category includes those individuals who are receiving <u>both</u> AFDC <u>and</u> food stamps.

For the purpose of identifying refugee status, the refugee recipient category codes in this table are used. These codes are to be used in completing the DSS-2515, Initial Client Information Record, and the DSS-2516, Services Client Information Change Notice.

Recipient Category Code 108 (or 107 if they are also Medicaid recipients) is to be used for refugees who are eligible on the basis of monthly gross family income to receive refugee services or services funded under SSBG. These same recipient category codes are also to be used for refugees applying for and eligible for SSBG services based on monthly gross family income when the refugee is, at the same time, applying for and eligible for refugee services that are available without regard to income. Distinction between the income eligibility levels will be made for SSBG purposes by checking the appropriate eligibility status block in Part - V of Form DSS-5010.

In any case, eligibility for SSBG services is determined in accordance with the requirements of the SSBG program and eligibility for refugee services is determined in accordance with refugee program requirements. Refugees determined to be eligible for Child Welfare Services will be assigned Code 114.

<u>Code</u>	<u>Recipient Category</u>
101	<u>An Aged Refugee Receiving SSI</u>
102	<u>A Blind Refugee Receiving SSI</u>
103	<u>A Disabled Refugee Receiving SSI</u>
105	<u>Current Recipient of AFDC:</u> A refugee receiving AFDC or a refugee whose needs are taken into account in determining the needs of an AFDC recipient.
107	<u>Medicaid Only – Recipients:</u> A refugee who is eligible for services on the basis of family income and who is also certified or authorized eligible for Medical Assistance only.
108	<u>Income Eligible with Less than 90 of the Median Income:</u> A refugee who is eligible for services and who is none of the above codes 001 through 107 and who has gross family income of less than 90 of the median income for his/her family size.
171	<u>Unaccompanied Minor:</u> A refugee who meets the definition of an Unaccompanied Minor.
175	<u>Refugee Assistance Services - Without Regard to Income</u> A refugee who is eligible for certain Refugee Assistance Services that are provided without regard to income.
112	<u>Without Regard to Income:</u> A refugee who receives protective services who is not classified in any of the above categories.
114	Refugee children and their families who receive services to promote the well-being of the child (ren) in their own home and where needed to assure care for the child (ren) away from home.

Cuban/Haitian Entrants Only

When a Cuban/Haitian Entrant applies for a service that is available only under the Cuban/Haitian Entrant portion of the Refugee Assistance Service Program and will not be receiving service(s) under SSBG, his/her eligibility is determined in accordance with the requirements of that program, and the appropriate codes listed below will be used.

<u>Code</u>	<u>Recipient Category</u>
201	<u>An Aged Cuban/Haitian Entrant Receiving SSI</u>
202	<u>A Blind Cuban/Haitian Entrant Receiving SSI</u>
203	<u>A Disabled Cuban/Haitian Entrant Receiving SSI</u>
205	<u>Current Recipient of AFDC:</u> A Cuban/Haitian Entrant receiving AFDC or a Cuban/Haitian Entrant whose needs are taken into account in determining the needs of an APDC recipient.
207	<u>Medicaid Only – Recipients:</u> A Cuban/Haitian Entrant who is eligible for services on the basis of family income and who is also certified or authorized eligible for Medical Assistance only.
208	<u>Income Eligible with Less than 90% of the Median Income:</u> A Cuban/Haitian Entrant who is eligible for services and who is none of the above codes 001 through 107 and who has gross family income of less than 90% of the median income for his/her family size.
212	Without Regard to Income A Cuban/Haitian Entrant t receives protective services is not classified in any of the above categories.
214	Cuban/Haitian Entrant children and their families who receive services to promote the well-being of the child (ren) in their own home and where needed to assure care for the child (ren) away from home.

- 271 Unaccompanied Minor: A Cuban/Haitian Entrant who meets the definition of an Unaccompanied Minor.
- 275 Refugee Assistance Services - Without Regard to Income: A Cuban/Haitian Entrant who is eligible for certain Refugee Assistance Services that are provided without regard to income.

APPENDIX F

Forms

Attachment 1 - Social Services Application, Eligibility Documentation, and Notice (DSS-5010) and Instructions

Attachment 2 - Individual Basic Data File: Narrative Documentation Record (DSS-1325) and Instructions

Attachment 3 - Request for Confidentiality (DSS-5001)

Attachment 4 - Consent for Release of Information (DSS-5002)

This is to notify you that the following actions have been taken regarding the request for information:

PROVIDE THE FOLLOWING INFORMATION FOR EACH SERVICE REQUESTED:

A RE OUTSTANDING APPROVED	B PERIOD OF ELIGIBILITY	C FEES WILL BE IMPOSED AS FOLLOWS	D IN QUEST OF RE D	E STAFF WILL BE
From	Through	Amount	Frequency	Modified
—	—	\$	per	Effective on
—	—	\$	per	
—	—	\$	per	
—	—	\$	per	
—	—	\$	per	
—	—	\$	per	

F If you are dissatisfied with the actions outlined above or feel that your request was not acted upon promptly, you have the right to request and obtain a fair hearing. Instructions on how to obtain a fair hearing are on the back of this form.

SIGNATURE OF SOCIAL WORKER CASE MANAGER _____ DATE OF THIS STATEMENT _____

A. FAMILY MEMBERS IN SERVICE UNIT _____ SERVICE UNIT 2 _____

C. VERIFICATION METHOD _____

B INCOME STATUS

1 Income Maintenance ☐ AFDC ☐ SSI

2 Family Income a Family Size _____
 b Type of Income *

	AMOUNT DUE MONTHLY	AMOUNT YEARLY
\$		\$
\$		\$
TOTAL	\$	\$

Journal of APPLIED BEHAVIOR ANALYSIS

William S.

NORTH CAROLINA DIVISION OF SOCIAL SERVICES SOCIAL SERVICES APPLICATION, ELIGIBILITY DOCUMENTATION, AND NOTICE

Division 1
Case #

IN NOTICE TO APPLICANT/RECIPIENT AUTHORIZED REPRESENTATIVE:
This is to notify you that the following actions have been taken regarding the requested for provision of social services to the individuals listed on this form

I PURPOSE: ☐ Initial Action ☐ Additional Request ☐ Other Action

A REQUEST FOR SERVICES: ☐ REQUEST FOR FAMILY MEMBERS FOR WHOM SERVICES WILL BE PROVIDED

	B SERVICES REQUESTED	A REQUEST APPROVED	PERIOD OF ELIGIBILITY	FEES WILL BE IMPOSED AS FOLLOWS	B REQUEST OF THE D	C SERVICES WILL BE
1			From Through	Amount Frequency		Modified Requested Effective on
2				\$ per		
3				\$ per		
4				\$ per		
5				\$ per		
6				\$ per		

D EXPLANATION OF ACTION CITATION: FAMILY SERVICES MANUAL, VOL. 1

E If you are dissatisfied with the actions outlined above or feel that your request was not acted upon promptly, you have the right to request and obtain a fair hearing. Instructions on how to obtain a fair hearing are on the back of this form.

F Signature of Social Worker Case Manager _____
G DATE OF INTERVIEW _____

III. INCOME INFORMATION: **SERVICE UNIT 1** **C VERIFICATION METHOD**

B INCOME STATUS

1 Income Maintenance ☐ AFDC ☐ SSI
2 Family Income a Family Size b Type of Income *

	AMOUNT DEDUCTIBLE	AMOUNT VERIFIED
	\$	\$
TOTAL	\$	\$

A FAMILY MEMBERS IN SERVICE UNIT **SERVICE UNIT 2** **C VERIFICATION METHOD**

B INCOME STATUS

1 Income Maintenance ☐ AFDC ☐ SSI
2 Family Income a Family Size b Type of Income *

	AMOUNT DEDUCTIBLE	AMOUNT VERIFIED
	\$	\$
TOTAL	\$	\$

IV. CERTIFICATION OF APPLICANT/RECIPIENT AUTHORIZED REPRESENTATIVE: I certify that I have read or had read to me the Applicant's Statement on the back of this form and that the information I provide, as reflected on this form, is accurate and complete to the best of my knowledge.

Signature of Applicant/Recipient/Authorized Representative

Date

Initials

NORTH CAROLINA DIVISION OF SOCIAL SERVICES
SOCIAL SERVICES APPLICATION, ELIGIBILITY DOCUMENTATION AND NOTICE
DSS-5010

Instructions

Purpose - The DSS-5010 is used for purposes of obtaining and documenting requests for social services and information relevant to the determination of eligibility for services. The form also serves to document the eligibility decision and notice of action to the applicant/recipient. In addition to fulfilling documentation requirements, the carbon section of the form is used as the notice to the applicant/recipient and serves as his record of the information given to the agency for purposes of determining eligibility. The form also provides the applicant/recipient with information regarding his rights and responsibilities and information on how to request and obtain a fair hearing.

The form is designed to be used in conjunction with a locally developed face sheet for purposes of capturing necessary client identifying information.

General Instructions - The DSS-5010 is to be completed for initial requests for services, additional requests for services, and re-determinations of eligibility a. other actions affecting eligibility and service provision.

When completed for purposes of recording an initial request for services, the form initiates entry into the social services system and serves to open or reopen a client's record. A single form may be used for requests for services made on behalf of several members of the same family. In addition, a single form may be used to document and determine eligibility for members of the same family for whom services are requested but whose eligibility will be determined on the basis of different information.

A new form is to be completed (in part or in full, as appropriate) for purposes of updating the client record to reflect additional requests for services, re-determinations of eligibility and other action affecting eligibility or service provision.

Instructions for Completing the Form

General: Enter the name of the county from which service(s) is being requested/provided. For purposes of agency use in facilitating filing, enter the case name and case and district numbers assigned by the county.

Section I: Purpose

Check the appropriate box to indicate whether the form is being used for an initial request for service(s) and determination of eligibility; an additional request for service(s); a re-determination of eligibility; or other action.

Initial Request means a request for service(s) and determination of eligibility on behalf of an individual(s) who is not a current service recipient and serves to open or reopen the client's record.

Additional Request means a request for service(s) during an established period of eligibility.

Re-determination means a routine re-determination of eligibility in accordance with policies governing time frames for re-determination; and re-determinations made as a result of changes in a client's circumstances during an existing period of eligibility which effect legibility.

Other Action means any action other than an Initial Request, Additional Request, or Re-determination, as outlined above.

A new form is to be completed each time there is an initial request(s) for service(s), each time there is an additional request(s) for service(s), at each re-determination of eligibility, and each time other action is taken. (The only circumstance under which a completed DSS-5010 may be updated is to reflect a change in the recipient category pursuant to changes in the client's circumstances that do not require a re-determination and do not affect eligibility or fees.)

Based on the purpose for which the form is being used, the sections of the form which are required to be completed are as follows:

For Initial Request and Re-determination, all sections of the form must be completed.

For Additional Request (during an established period of eligibility), Section I, II, IV, V, and VI must be completed.

For Other Action, Sections I and II and appropriate parts of V and VI must be completed.

If more space than is available on the DSS-5010 is needed in order to complete necessary entries, the following procedure is to be used:

1. For purposes of documenting information that must be included on the client's copy of the DSS-5010, entries are to be continued on another DSS-5010 and the pages numbered accordingly (i.e., page 1 of 2, Page 2 of 2). In these situations, the signature of the applicant/recipient/authorized representative, if required, is to be entered on the last page of the sequence of pages.
2. For purposes of documenting information that is not required to appear on the client's copy of the DSS-5010, entries are to be made on the back of the agency's copy of the DSS-5010 (white copy) or on the DSS-

Section II: Request for Services

This section serves to record and document services requested by or on behalf of individual family members. In addition, Section II is also used in conjunction with Section VI to notify the applicant/recipient of agency action(s) regarding each service requested by/for each individual family member. The information entered in Section II is pertinent to entries in Section VI; therefore, Section II, Items A and B must be completed each time the form is used, regardless of the purpose for which the form is being used.

Item A. Name(s) of Family Member(s)

Enter the name(s) of the family member(s) for whom services are being requested.

Item B. Services Requested

Enter the name of the service(s) requested on each line adjacent to the name of the individual for whom the request is being made. Where more than one service is requested for an individual, the name of each service must be entered on a separate line. If additional lines are needed, continue on another DSS-5010 and mark the pages accordingly.

Section III: Income Information

This section of the form is designed so that documentation of income status for all members of a family for whom services are requested can be entered on one form. In addition, this section is designed to enable the agency to capture information for two

service units within the same family in order to accommodate, on one form, those situations where different is used as the basis for determining eligibility for certain family members.

For purposes of using this section, a service unit is defined as: (1) individuals who are members of a family as defined in program policy (e.g., SSBG), and (2) whose eligibility will be determined or re-determined on the basis of the same information, and (3) for whom services are requested.

Item A. Family Members

If more than one service Unit is involved, enter the names of the family members who will be included in each service Unit here only one service unit is involved, the family members in the service unit should be listed in Section II Item A; therefore, it is not required that the names of the family members be re-entered in this Item.

Item B. Income Status

Complete either Part 1 or Part 2, as appropriate; in no case would it be appropriate to complete both Part 1 and Part 2 under the same Service Unit.

Part 1 Income Maintenance

If the applicant(s) is a current recipient of AFDC or SSI, or an essential person whose needs are included in the grant to an AFDC recipient, or a child for whom foster care maintenance or adoption assistance payments are made under Title IV-E, complete this Part by checking AFDC or SSI, as appropriate.

If the verification method of eligibility determination is being used, indicate the method and source used to verify income maintenance in the Verification Method column.

If the declaration method of eligibility determination is being used, no entry is required under the Verification Method column; except that, if the client's statement is made subject to verification in accordance with policies governing the declaration method, the method and source of verification and the reason for verification must be entered.

If more space is needed for verification entries, use the back of the agency's copy of the form or use the DSS-1325.

Part 2 Family Income

If the applicant(s) is not eligible on the basis of Income Maintenance status, complete A and B of this part.

a. Family Size

Enter the total number of members of the family on whose income eligibility is based, not just those members requesting services.

b. Type of Income/Amount Declared! Amount Verified

Discuss with the applicant/recipient each type of income listed on the back of the client's copy (yellow copy) of the form. In the column "Type of Income," list each income type determined to be applicable. If additional lines are needed,

continue on another DSS-5010 and mark the pages accordingly. If the applicant/recipient states that he does not receive any income from any of the types listed, enter "N" in the "Type of Income column"

For each type of income listed, enter the amount of income as stated by the applicant/recipient in the "Amount Declared" column. Enter the total amount of this column in the Total line.

If the verification method of eligibility determination is being used, verify the amount of income from each source which the client stated that the family has income. Enter the verified figures in the Verified Amount column. Enter the total amount of verified income in the Total line in this column. In the "Verification Method column, enter the method used to verify the amount of each type of income listed.

If the declaration method of eligibility determination is being used, no entry is required under the "Verified Amount" and "Verification Method" columns; except that, if the client's statement is made subject to verification in accordance with policies governing the declaration method, the amount and method of verification and the reason for verification must be entered.

If more space is needed for verification entries, use the back of the agency's copy of the form or use the DSS-1325.

Section IV: Certification of Applicant/Authorized Representative

The statement in this section and the Applicant's Statement on the back of the client's copy (yellow copy) of the form must be read by (or read to, if necessary) the applicant/recipient or his representative (to try to assure that it is understood by him).

Section IV must be signed and dated as required by policy. The signature is certification of the request for services and certification that the information provided to the agency is accurate and complete to the best of the individual's knowledge. The date of the signature must also be entered as certification of the date on which the request for service(s) is made and/or the date on which a re-determination of eligibility is initiated.

The form may be signed by the applicant/recipient; or by someone acting responsibly for the applicant/recipient, if the applicant/recipient is incompetent or incapacitated; or by agency staff in behalf of an individual in the event of an emergency, or when there is some urgency to provide services or if arranging for the individual's signature would create a barrier to the receipt of service(s). If the agency service worker is requesting service(s) on behalf of the client, the worker must sign in the Applicant/Recipient/Authorized Representative line. However, if the applicant's / recipient's signature is not obtained, the worker must document the request in accordance with policy, i.e., client circumstances and assurance about fair hearings.

Requests for Family Planning Services must be in writing; therefore, the client's signature or the signature of his authorized representative must be obtained regardless of circumstances.

The signature of a witness is required if the applicant/recipient or his representative executes his signature by mark (x). The agency worker may witness the execution of the signature by mark by placing his signature on the "Witness" line.

Section V: Eligibility Status

This section is to be completed for agency use only and is not included on the copy of the form given to the client as notice of action taken.

Item A. Status

On the basis of the information in Section III, check the appropriate box identifying eligibility status for family members listed in the Service Unit column on the basis of: (1) the appropriate income level.; (2) without regard to income; (3) not eligible under SSBG, or (4) by specifying other appropriate status.

Item B. Category Code

Enter the code for the category of eligibility which has been determined for family members listed in the Service Unit column.

This item may be updated to reflect a change in category pursuant to changes in client circumstances that do not require a re-determination and do not affect eligibility or fees. Where the only change is a change in category, cross through the old code and enter the new code. The circumstances prompting the change must be documented on Form DSS-1325.

Item C. Date of Decision

Enter the date the eligibility decision was reached by the agency.

Item D. Other Eligibility Documentation

Use this space to document other eligibility information such as verification of the client's status as a Medicaid recipient who is authorized or service-specific eligibility criteria including verification, as required by policy. Make required entries or identify source documents or other narrative entries and their location in the file. If the information being entered does not apply to all members of the Service Unit, enter the names of the members to whom this information applies if more space is needed, use the back of the agency's copy of the form or use the DSS-1325.

Section VI: Notice to Applicant/Authorized Representative

This section is to be completed to reflect information regarding action being taken in response to a request for services, a re-determination of eligibility, or any other action affecting eligibility or service provision which must be documented and about which the applicant/recipient or his representative must be notified, in accordance with policy. Enter a check in the appropriate column and line which reflects the action being taken relevant to the provision of the specific service(s) requested for each individual listed in Section II. Section II must be completed in order to facilitate entries in Section VI. Entries in Section VI must be made on the appropriate line, i.e. the line which corresponds to the name(s) of the

individual(s) listed in Section II, Item A and the specific service(s) they have requested (listed in Section II, Item B).

Item A. Request Approved

Where request for service(s) is approved on the basis of an initial or existing determination of eligibility or re-determination of eligibility, check the appropriate line in Item A, "Request Approved" column. Enter the beginning and ending dates of the period of eligibility. If fees are applicable, enter the fee amount per unit (i.e., hour, week, and month) for each fee service. Enter any additional information or explanation of fees in Item D of this Section. If the request for service(s) is approved and the individual has been placed on a waiting list, a statement to this effect must be entered in Item D along with any additional information as discussed with the individual.

Item B. Request Denied

Where a request for service(s) is being denied, check the appropriate line in Item B, "Request Denied" column.

Item C. Notification/Termination

Where a service will be modified or terminated, check the appropriate line in Item C, "Notified" column or "Terminated" column, as applicable. If services are being modified, enter in the "Effective" column the date the changes will take effect. If services are being terminated, enter in the "Effective" column the last date upon which the individual will be receiving the service(s). -

Item D. Explanation of Action

This space is to be used to communicate to the applicant/recipient any information pertinent to the agency's action. If more space is needed, continue on another DSS-5010 and mark the pages accordingly, or communicate the explanation in a letter to the applicant/recipient. If a letter is used, transmit the letter to the applicant/recipient with his copy of the DSS-5010. Attach a copy of the letter to the agency's copy of the DSS-5010.

Where the action being taken is approval for the provision of services, such information may include when services will begin, further explanation of fees, or information regarding placement on a waiting list.

When the action being taken is denial, modifications, or termination of services, use this space to explain the reason for the action. In addition, indicate the appropriate policy issuance which contains the basis for the action (i.e., the appropriate volume of the Family Services manual).

Reasons for denial, modification, or termination include:

1. The applicant/recipient has requested service(s) for which he or members of his family have been determined to be not eligible on the basis that he does not meet basic eligibility criteria and/or service specific eligibility criteria;

(If the service(s) is being denied or terminated on the basis that the amount of family income exceeds eligibility levels for that size family, include in the explanation a reference to the client's income and family size specified in Section III);

2. The client is currently receiving service(s) but, because of changing circumstance, is no longer eligible to continue to receive some or all of the service(s);
3. The service(s) requested is not available because it is not or will no longer be available in the county plan or because it is a service for which there is a waiting list of over 90 days;
4. The applicant has failed to cooperate with the agency in determining (or re-determining) eligibility;
5. The client cannot be located to allow for determination (or re-determination) of eligibility;
6. The client has notified the agency that he no longer needs the service(s) or that he wants the service(s) reduced;
7. The client has failed to pay required fees;
8. The amount of fees is being changed; or
9. The service(s) is being modified in any way.

If a service(s) is being denied, terminated, or modified because the county has insufficient funds to continue the service, enter the statement, "This service has been modified (or terminated) for everyone because of the lack of public funds." Using this wording will enable the client to understand from the statement on the back of the form that he cannot continue to receive the service pending an appeal.

If the action being taken is a modification, describe the change in enough detail to reasonably ensure that the individual understands the extent to which the service(s) is being modified.

e Name and Number:

[illegible]

North Carolina Division of Social Services
Individual Basic Data File
Narrative Documentation Record
DSS- 1325

Instructions

Purpose - The purpose of this form is to maintain documentation of any additional information relevant to the determination of eligibility which cannot be appropriately entered on Form DSS-5010. The form is designed so that documentation for all members of a service unit can be entered on one form. The form can be used to update information as needed. Additional sheets maybe added as needed.

General Instructions - The form must be maintained in the record along with the DSS-5010. The Individual Basic Data File - Narrative Documentation Record is to be used to document information relevant to eligibility determination or service provision that requires narrative entries. This would include continuation of entries made on the DSS-5010 when the space available is not sufficient to allow for complete, legible documentation and the type of information being documented is not required to be included on the client's copy of the DSS-5010.

Instructions for Completing the Form -

- Line 1: Enter the case name and number assigned by the county. This should be the same name and number which were entered on Form DSS-5010, to provide a linkage between all the forms in the documentation package.
- Column 2: Enter the date the entry is being made on the form.
- Column 3: Enter the name(s) of the members of the Service Unit to whom the information applies. Enter "all" if the documentation applies to all members of the same service unit.
- Column 4: Enter a brief statement to:
- document circumstances to verify the need for protective services;
 - explain rationale for method of averaging monthly income;
 - summarize information relating to the establishment of fee amount;
 - document the agency's efforts to help individuals understand the obligation for payment of fees;
 - document the basis for denial, reduction, or termination of services;
 - explain how services have been arranged for to meet prompt provision requirement;
 - document any unusual circumstances, or explanations to or agreements with the applicant in relation to eligibility determination or receipt of services;
 - document any other information necessary to establish eligibility;
 - document any information too lengthy to be documented in Section V, Item D, of Form DSS-5010;
 - describe the units of service received by the recipient such as day care five days a week, eight hours of homemaker services per month, etc.;
 - elaborate upon basis for denial, termination or reduction of services;
 - otherwise, document compliance with policy as needed.

NORTH CAROLINA DIVISION OF SOCIAL SERVICES
REQUEST FOR CONFIDENTIALITY

Because I wish my request for service to remain confidential, I am hereby requesting the department of social services not to mail a written notice to me regarding their decision in relation to the application or request for services that I made on this date. I understand that a written notice of the agency's decision will be on file at the county department of social services and that I may see it there, obtain a copy, or request that it be mailed to me later.

Because I do not want the notice mailed to me, I wish to be informed of the agency decision regarding my eligibility in the following manner

☐ I will pick up the notice at the agency

☐ I will expect a telephone call from my worker

☐ I will call my worker

☐ I will come and see my worker

I also understand that I have a right to request a fair hearing if I believe the decision that was conveyed to me is not correct or that my application was not acted upon with reasonable promptness.

If I wish to request a fair hearing, I understand I must contact the county department of social services within sixty (60) days after I am notified of the agency's decision and a hearing will be scheduled for me with an official of the county department of social services. If I am dissatisfied with the decision made at that hearing, I may then have a hearing with an official from the State Department of Human Resources. If my services are being terminated or reduced, I understand that I may continue to receive the service until the local hearing decision, if I request a hearing on or before ten working days after I have been notified of the agency's decision.

I further understand that at either of these hearings, I may have someone such as a friend or relative represent me, or I may be represented by an attorney if I pay for his services myself. If I am interested in free legal services, I will ask my worker to inform me of any sources of free legal services in my community.

Signature of Applicant: _____ Date: _____

NORTH CAROLINA DIVISION OF SOCIAL SERVICES
CONSENT FOR RELEASE OF INFORMATION

I hereby authorize _____ to release
specified information from the record of: _____
To: _____.

This information shall include _____
(Nature and extent of information to be released)

I understand this information will be used for: _____

Other
information: _____

I understand the contents to be released, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information. I hereby acknowledge that this consent is truly voluntary and is valid for 180 days. I understand that I may revoke this consent at any time except to the extent that information has already been released before I revoke it.

_____ or _____

Client

Authorized Representative

Date

Witness

(Necessary only if client signs with an X)